Antenarratives in family therapy.

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ABSTRACT

Researchers and policymakers have become increasingly aware of the value of talking therapies and service providers are confronted with the need to deliver these cost-effectively. Amongst service providers, social workers are at the front line of rendering these kinds of services to families and people in the community. Yet in the UK they often do not have the training or experience to provide interpersonally mediated talking-therapy services to people who specifically need them. This thesis suggests that a therapeutic approach, informed by the narrative and family therapy traditions, might be particularly useful, and its applicability and explores its theoretical development by means of case examples. Narrative therapy is particularly germane to the concerns of social work, in that it takes an ethical stance on people's stories, and addresses issues of oppression and the consequences of being marginalised. There have been few studies exploring the application and outcome of narrative therapy, mainly due to a lack of appropriate developed methodologies.

The goal of this study was to develop a methodology that could indicate changes in the stories of families. Bojé's (2001) idea of exploring the 'antenarratives' – the speculative precursors to full-fledged narratives – was adopted for this purpose. The present study tried to answer two research questions. These are whether an antenarrative methodology can be used to illustrate changes in the stories of families in order to assess the outcome of narrative family therapy, and whether this methodology can be used to track both grand and micro narratives and the changes that take place in these stories.

The study was conducted from a practitioner-researcher perspective, with the researcher applying a model of narrative family therapy with participants from several families. For clarity's sake, this thesis restricts itself to a detailed case-study account of the transcripts of a series of sessions with two families. A baseline narrative was analysed after the first session and a second base line after the sixth session. After each of the two analyses, changes were suggested to refine the approach.

The conclusions reached are that the antenarrative approach helps to track the development and construction of families' stories. The maps illustrating how different themes develop and interact in particular were helpful in illustrating both this and the ways in which stories develop rules and strategies to justify their own existence. It was recommended that the methodology be split into three sections depending on the goal of the study. The first part addresses the initial understanding to help sift through large volumes of data, whilst the grand and micro narratives helping to understand what is happening to stories and why this takes place. The latter part, concerned with narrative type, authorship, and comparative questions, is able to show what has changed and how this has occurred.

The theoretical contributions made are that stories should not be seen as two-dimensional and linear, but as multi-dimensional entities in which multiple stories interact with one another. The idea of a 'Tamara' – a play on multiple stages – is helpful in understanding how stories interact with one another and how the point or angle of view will determine the stories we hear and see. It also highlights the idea that families should not be seen as single-story entities, but as living multiple stories, and formulates the issues so that they can be applied in social work contexts.

The concepts of a grand and micro narrative were easily integrated with narrative therapy's idea of developing thick descriptions of people's lives, and can turn the observer's gaze back upon the professionals to show how social workers police families through the process of providing help, thereby enhancing the profession's reflective capacities.

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Chapter One

Outline of the study

In this chapter, I will indicate the need for this study, briefly exploring the critical importance, in particular for social work, of family therapy and narrative therapy and then focus on the main goal of this study. This involves finding a way of assessing if and how the stories families have told us have changed in order to justify this way of working. Chapter one will also look at the important ethical considerations involved and end with an outline of the chapters to come.

1.1. Planning the Journey

Many aspects of therapy and family therapy have made me uncomfortable in the past. During one of the narrative training sessions I attended, White (2003) said that the word "Therapist" should actually be split in two and seen as "The-Rapist". Narrative therapy recognises that social workers, just like psychologists and psychiatrists, have the potential to be extremely oppressive in the way they judge and work with families. White and Epston (1990) were strongly influenced by Foucault and have developed what can be described as a form of counter-therapy. They pay specific attention to the norms imposed by society and, instead of looking at what is wrong, strive to find a more complete description which includes people's values, hopes, dreams, and skills.

White and Epston (1990), pointed to the advantages of narrative therapy, and in particular to the technique externalising the problem from the person, which can decrease unproductive conflict, including disputes over who is responsible for what. This undermines the potential for a sense of failure and being stuck, thus paving the way for better co-operation (White, 2003). These authors argue that narrative therapy should be explored further, as it can help to address the challenges, and address questions relating to the use and abuse of professional power faced by workers in the field. As a model that has undergone considerable development by social workers themselves, and was not borrowed uncritically from psychology or psychiatry, narrative therapy appears to be eminently consistent with the core values of social work, notably in promoting respect, dignity and the human worth of service users.

Showing effectiveness or outcomes is a cardinal issue, especially for settings such as the NHS, or where funding is involved (McLeod, 2001; Paley & Lawton, 2001). The gold standard for this has always been randomised control trials (Crawford, Brown, Anthony & Hicks, 2002). In family therapy this is not feasible because it is impossible to divide families into identical groups, not to mention trying to control all the different variables in their lives. For this reason, Gaanzevoort and Bouwer (2005) argued for the development of new methodologies to measure the effectiveness of narrative approaches, which is where the focus of this study lies. Most of the existing methodologies have either tended to focus on counting the problematic behaviour to see if the frequency of the problem has decreased, or to theorise how the story or problem should be understood. One such an approach for example is the use

of grounded theory, which provides a good idea of why behaviour has taken place by developing a theory for this purpose. These different approaches will be explored in more detail in Chapter four. White (2003) emphasised that the stories families bring to us are thin descriptions and do not represent the complete narrative, as many positive events they have experienced are not included in the telling of their stories. Arguably then, the goal of researchers should be to focus on a more complete or thick description of these stories. This description should also include the stories normally ignored, such those of children, and which foreground the skills and abilities which families poses, Herein lies the need for the employment of an antenarrative approach to understanding and analysis.

The term antenarrative refers to the story before it has been narrated- in other words before a structure has been imposed on it. It is defined as "the fragmented, non-linear, incoherent, collective, unplotted pre-narrative speculation, a bet ... options that deal with the prevalence of fragmented and polyphonic storytelling." (Bojé, 2001a: 1). The advantage of this form of analysis lies in its ability to deal with multiple and fragmented stories.

Grand narratives on the other hand are the stories that are presented as truth, which marginalise other stories, and which often comprise the hegemonic stories presented by big organisations or important people, or "how one voice is privileged in the textual dialogue in ways that are taken for granted or too subtle to acknowledge" (Bojé, 2001a: 35). On the other hand, there may be micro stories, which are the opposite of the grand narratives. They are the little stories that struggle to be heard. Micro stories want to "call into question the grand narratives of macro history, particularly great man

stories, by collecting 'little people' microstories" (Bojé 2001a: 45). Whereas grand narratives are about singular, representative stories, micro narratives are specifically about the inconsistencies and contradictions that large organisations present. For example, in large organisations, there are clear attempts to portray a single, good story to the world. This positive message (grand narrative), is often not the experience of the workers who work for these companies, such as the workers at Nike (Bojé, 2001a). In the case of this study of families that do not fit the norm, such as single parent families, or families ignored by professionals, often the stories of coping and caring are hidden amongst more powerful narratives of 'dysfunction' and 'inadequacy'. Micro narrative stories are about reclaiming local knowledge from the grand narratives.

Despite the fact that social workers were central to developing narrative therapy in their field, in contrast to many other professions, such as nursing, psychology, sociology, and occupational therapy, social work has not embraced narrative research with the same rigour (Riessman & Quinney, 2005). This is remarkable given that the telling of life stories has traditionally been central to the practice of social work. Nevertheless, a gap has emerged between research and practice, especially between research undertaken in higher education institutions, or by policy makers and practitioners (Laitila, Aaltonen, Wahlström & Angus, 2005). Many of the methodologies, applied only by researchers in academic institutions, have become elitist and out of touch with practitioners. What is more important for practitioners is to know what has been done and what has actually worked in a way they can apply in practice (McLeod, 1995; 2001). There is a growing need to study problems

that have a greater relevance to practitioners in the field, and not simply to generate theoretical knowledge that practitioners cannot apply.

In this study I aim to pay attention to these two anomalies, namely firstly that the methodologies for assessing change in the narratives families tell us are not based on experience in practice, and secondly that as researchers, we only focus on the thin descriptions of people's lives.

1.2. The need for a narrative approach to working with families

Social work, and child protection in particular, are challenging fields of work in which there is a clear need to understand and apply effective ways of working with families. Craven and Lee (2006) explored the life experiences and typical problems with which children placed in foster care struggle. These include post-traumatic stress disorder and a wide range of emotional and mental health problems; children in foster care are 2.5 times more likely to have emotional, developmental, and behavioural problems than children in the general population. Social workers often find themselves stuck and do not know how to deal with these children or their families. In my discussions with social workers in one district, not one worker mentioned family therapy or, for that matter, individual therapy as a method they used, but all thought there was a critical need for family therapy. In some areas, the waiting list for this service was up to 18 months, a situation which cannot be in the interests of children. During the exploratory interviews for this study, general practitioners, psychiatrists, and paediatricians enquired about the possibility of referring families to contribute to the study in the hope that they could receive therapy, which highlighted the need for this service.

Even though there is consensus about the need for family therapy (for a statistical analysis of the scale of this need, see Nugent, (1993), there appears to be an incongruence between government policy and what is actually happening at ground level (Coffey *et al.*, 2001; Brearley, 1995).

This need for therapies is also recognised by the National Institute for Clinical Excellence (NICE) (NICE, 2004a; NICE, 2004b). In an interview with Rosie Winterton, the Health Minister, and Layard (2006a) based on a report for NICE (Layard, 2006a; Layard, 2006b), Layard aired the view that more than half of all people struggling with depression and anxiety in the UK could be cured if they had access to what he termed "modern psychological therapies" (Layard, 2006a:n.p.). The problem for NICE is that these therapies should be available through the National Health Service (NHS), but are not, mainly because there are not enough therapists. Winterton agreed with this view, arguing that the workforce in the NHS has people at ground level who could deliver these services effectively, namely health visitors. To this list, Layard (2006b) added social workers who, through the very nature of the work they do, have been delivering counselling services in some form or other, often without sufficient training. Both Winterton and Layard agreed on the pressing need to increase the number of people able to deal with the demand for therapy. However, where Layard's premise is that the main approach to therapy should be cognitive behavioural therapy, it is also important to note that family therapy, and narrative therapy in particular, can make an important contribution.

Because for so long social workers have not done therapy and only striven to measure up to policies of 'good enough' practice and to meet the

requirements set by politicians, it is forgotten that they are as effective as other professions at counselling when trained for this role (Egan, 2001). This increasing difficulty in practising family therapy in a contemporary social work context might be linked to the demise of casework in the social work profession. The term 'casework' is often misunderstood as being a private and personal action belonging to professions other than social work (Searing, 2003), yet family therapy, an approach that also has its origins in social work (Goldenberg & Goldenberg, 2000), is better understood as a way of achieving change in the social work context. Because most of the work is undertaken in people's homes, an insight is provided into the day-to-day realities of living for families (Huston & Armstrong, 1999). When giving the skills of family therapy back to social workers we need to ensure the skills are appropriate to dealing with the problems people face on a day-to-day basis (Paratore & Nichols, 2001; Carr, 2003).

In my experience, the moment an allegation that a child is at risk is made, the focus tends to be on the mother and her ability to protect the child, as she is the person held accountable for this task. Family therapy can play a central role in taking this role of policing even further. On the other hand it can have a more emancipatory role by intentionally questioning the assumptions made about families. It is here where I would argue narrative therapy is an essential way of working. It is more than simply a theoretical approach to working with families. It is an ethical stance, a lifestyle, and a political project which involves speaking and listening to people in a manner that has a strong Foucauldian basis (Besley, 2002). In other words, the monitoring gaze of

society in a narrative stance is turned back to society, and service users are encouraged to explore this observation and the judgements for what they are.

Narrative therapy is not an approach limited to working with couples and their children. It is also a way of working with older persons (Fabisewski & Howell, 1985); those struggling with alcohol and drug use (Csiernik, 2002; Ramanathan & Newcomb, 1992); children and adolescents with challenging behaviour (Everett & Everett, 1999; Dishion & Kavanagh, 2004); immigrants and asylum seekers (George, 2002); and those in health settings (Crighton, Creighton, & Drummond, 2005; Hemmings, 2000). Other areas of use are, for example, families where members are living with HIV/AIDS (Strydom & Raath, 2005), or mental health problems (Anuradha, 2004), or where the focus is on empowering service users (Berg, 1994), or where families are helped with the coming-out process of gay and lesbian family members (White, 2004a).

1.3. The need for a different methodology

Although various studies have been carried out to assess the effectiveness of older models of family therapy, it is specifically the newer models that lack research and methodologies of study (Cottrell, 2003). Despite a growing interest to narrative therapy by social workers, psychologists, psychiatrists and others in the caring professions, there have been relatively few studies exploring its application (Etchison & Kleist, 2000). There are very few large-scale studies on its application or its outcomes. There were various small-scale studies, such as that of O'Connor, Meakes, Pickering and Schuman (1997), who concluded that narrative therapy provides an excellent opportunity to empower service users, and that families

reported a reduction of their initial problems. One of the major problems with these small-scale studies has been that, although they raised important arguments, the insights gained have been piecemeal and they have lacked a clear framework with which to conceptualise the dynamics and to map the changes made (Hemmings, 2000).

These studies have explored the field of narrative therapy but outcomes-based research has been left in the hands of traditional positivist researchers (Speedy, 2004). Many of the methodologies currently used to study families and family therapy were not initially intended for this purpose. It is, for example, difficult to imagine how randomised control trials would be able to select an entirely random sample of families, nor guarantee the comparability of treatment and control groups, since no two families are the same (Hemmings, 2000; Cottrell & Boston, 2002). It is not only impossible to control all the variables in the worker but even more difficult to control these in families and in their circumstances. Then the ethical and practical dilemmas of a placebo have yet to be resolved. Qualitative studies, on the other hand, provide a wider freedom to explore the open-ended questions so important to understanding the work we do with families (Gaanzevoort, 1993).

Yet given the ever-increasing emphasis on financial management in the public services, only interventions that can provide a clear economic and evidence-based justification for their existence will survive. I do not argue that we should strive to measure the effect of our interventions with the methodologies used in medical research. Doing so would run the risk of imposing a medical model on families, enforcing a form of control and measurement upon our conversations with families which would run counter

to the therapeutic approach favoured in family therapy. Polkinghorne (1999) argued that to reduce our practice to a set of manuals founded only on evidence-based practice is an undesirable form of *psychotechnology*. Because a standardised, manualised approach creates the impression of accountability, there have been various attempts at standardising family therapy, for example Pote, Stratton, Cottrell, Shapiro and Boston's (2003) attempt to create a systemic manual for assessing and proceduralising family therapy. As Speedy (2004) noted, however:

> "In these texts the particularities of therapy outcomes, the local stories, cultural belonging and personal voices of participants, have been 'smoothed' out of the text, subsumed into 'grand narratives' about, for example, addiction, abuse or eating disorders. These 'outcomes research' texts are almost invariably written in the 'one-voice-fits-all' style, which has been critiqued by feminist researcher Donna Haraway (1988) as the 'voice of god', as if the writers are speaking from a position of all-seeing authority." (Speedy, 2004: 44)

This is a far cry from the principles and values of narrative therapy that align with a position of uncertainty, curiosity, and a search for the unique stories that all families tell. It also ignores the importance of the social setting in which people live. Ethically, our first interest should not be on the reliability, validity, or even the trustworthiness of the research, but rather on the value it has for the participants in the process (Gaddis, 2004).

With so many different designs available in the field of both quantitative and qualitative research, it could well be asked why yet another methodology, as is proposed in this thesis, is needed. Various approaches and methodologies have not only shown their value, but have produced results that are accepted both by the scientific community and those doing narrative research in particular. Although I plan to explore this debate in detail in Chapters Four and Five, it is important to make my decision for opting out of

the existing methods clear. A quantitative approach may answer the criticism and meet the short-term needs of policy makers, but, as stated earlier, is unlikely to answer the fundamental questions that practitioners ask, namely to say what has happened, and why things have changed and what are the stories of those who consult therapists. These quantitative methods also struggle to handle the rich and variable data that is locked in stories (Burck, 2005).

When examining a range of qualitative approaches for the present study, however, it was more a question of fitness for purpose that determined their selection. I developed the following basic criteria from which to decide upon an appropriate method of analysis for this study:

- The method had to be sensitive to the realities of every living person. In other words it needs to be sensitive to the problems of discrimination people face in particular. It needed to be able to both highlight and track these.
- The method had to be able to cope with multiple stories, because families tell more than one story and family members tell several stories.
- It had to be sensitive to the ideals and practices of narrative therapy. In particular, it had to be able to deal with an externalised problem as another character in the story.
- It needed to show what kinds of changes had taken place and how they had been accomplished.

These criteria ruled out many of the methodologies that either focussed on simply understanding what is happening between family members or those

that could only deal with one single story. The process of elimination will be discussed in Chapter Four, whilst in Chapter Five I will show how and why an antenarrative approach is able to address the above criteria.

1.4. Research Questions, goal and implementation of this study

As with other qualitative studies, the goal of this research changed as it progressed. My initial idea was to explore the effectiveness of narrative family therapy in a social work setting to determine its place, if any in practice. It soon became apparent that the major challenge was not to show the effectiveness but rather to illustrate how the stories of families have changed. Most of my time and attention became focussed on developing a methodology which could illustrate and understand this change in a way that is consistent with the ethics of narrative therapy and social work.

Because this study will be exploratory in nature, research questions will be used rather than a formal hypothesis. Arguably, all research can be regarded as exploratory. Crabtree and Miller (1999) defined exploratory research questions as those that aim to assist identification, description, and explanation. This study aims to describe the process of change, to answer the question, "What is happening here?", and to illustrate this change. Because it will deal with the process of change in the narratives of the families and changes in the lives of the families, this study can be described as involving biographical research questions (Strauss & Corbin, 1990). These questions can later be refined and should initially be regarded as grand-tour questions, or as questions indicating the phenomenon to be studied (Creswell, 1994).

1.4.1. The questions that delineate the focus of this study are:

A) Can an antenarrative methodology be used to illustrate changes in the stories of families in order to assess the outcome of narrative family therapy?

B) Can this methodology be used to track changes in both grand and micro narratives?

The central goal of this study is to explore how the ideas of Bojé's (2001a) antenarrative, and the grand and micro narrative in particular, can be applied to assess change in the stories families tell during narrative family therapy.

1.4.2. Application plan to answer the research questions

To answer the research questions I plan to follow the following basic steps:

- To ground the reader in the model of narrative therapy developed during my previous research (Weich, 1995), and to apply this model as a basis for the therapeutic intervention.
- To explore the latest developments in the field of narrative therapy, specifically after 1995 when the above model was developed.
- To develop the ideas of antenarrative research and the grand and micro narratives in particular to test their applicability to family narratives.

- To apply the methodology to two families to determine if the design suggested is a feasible approach.
- To analyse the interviews using this methodology to establish whether change has taken place.
- To compile a research report and publish the findings obtained.

It is envisaged that the original aim, namely to explore narrative therapy in a social work setting, will continue to retain some importance despite the emphasis of this thesis on research methodology.

In order to ensure that this study will meet satisfactory research standards, it will apply Riessman and Quinney's (2005) guiding questions for 'good enough' narrative research:

- Was the work based on systematic observation?
- Does the analysis attend to sequence and consequence?
- Is there attention to language and were transcriptions made and inspected?
- Did analysis attend to context of production? (Research relationship and macro institutional context?)
- Were epistemological and methodological issues treated seriously, in other words viewed critically?
- During the process of analysis was the issue of auto-ethnography reviewed critically? Where intensive case studies took place, was there interaction with service users using critical reflexivity?

1.5. Structure of the study

The contents and flow of the various chapters are to a large extent a consequence of the way in which the research process developed a life and process of its own. The narrative approach discussed in Chapter Two was the model of therapy I developed in my previous research (Weich 1995). It was also the model used for the sessions with the participating families. After accepting a position at De Montfort University, I had the privilege of attending various narrative training sessions and conferences access to a rich source of literature, and even more importantly, personal contact with practitioners and researchers. Chapter Three will deal with these developments and specifically the understanding I attained of narrative therapy. Chapter Four will take the reader on the journey I took and the process of discovery I embarked upon in finding an appropriate way to explore the multiple stories people tell us. In Chapter Five I pay specific attention to the antenarrative approach to which the journey led me. Chapter Six is an account of the first attempt at applying the antenarrative methodology and the analysis of the stories told. Chapter Seven looks again at the application of this methodology, incorporating the changes suggested in the previous chapter. Chapter Eight examines the contributions from other narrative researchers and explores their relevance to this study. I have opted to do the basic exploration of methodology in Chapters Four and Five and then to place the detailed exploration of the narrative methodologies in Chapter Eight to ensure that I approach the field with an open mind, yet without re-inventing the wheel. Chapter Nine evaluates the contributions this study has made to research practice, suggests a

framework for the application of the design. The final chapter provides an overall summary, evaluation and conclusion.

1.6. Ethical considerations

Mouton (1996) stated that the aim of ethics in science is to provide guidelines on what constitutes appropriate moral behaviour in the sphere of science. It is not possible to design research that is ethically neutral, and decisions we take as part of the research process always have some influence on the participants and the study itself (Greenstein, 2001). It is a complex debate, and as Pakman (2004) pointed out, there are no general ethics, only ethics of process used to deal with possibilities of situations. Most codes of ethics for counselling were written not to deal with groups or families, but rather with individuals (Wilson, Alexander & Turner, 1996). To address this individualistic emphasis, this study will adhere to the ethical guidelines of the Association for Family Therapy's (AFT) code of ethics (2000), both in terms of conduct in therapy and in terms of its approach to research. However, this code raises the issue of who is qualified to call themselves a family therapist. As mentioned earlier, family therapy is a tool used by social workers. I am not portraying myself as a qualified family therapist in the United Kingdom, only as a user of family therapy as a tool in social work.

A study in which the researcher is also the counsellor can easily be construed as one in which the power imbalance is even more marked than in a normal research or therapeutic setting. It is open to researchers abusing their position of power to exploit service users for their own professional benefit, but the opposite is also true. If the research is conducted in a

sensitive and ethical manner it can become an extension of the therapeutic process, and thus a positive experience for the participants (Etherington, 2001).

White (1995) highlighted the need for practitioner-researchers, or what he called first order researchers. The dynamics of the relationship between the service user and the researcher has to change for this to be effective, as it can only work if the counsellor realises that in contrast to the therapeutic setting, where the professional may have something to offer the service user, it is now the service user who has something to offer. There is even a danger that, in our attempts to protect service users, we are underestimating them and forgetting that perhaps they might enjoy the whole experience of being co-researchers (Etherington, 2001).

As will be seen specifically in Chapters Two and Three, narrative therapy is guided by a specific ethical view of life and science. In it, the goal of research should in the first instance be to answer the question of in whose interest it is serving. It is a world view, informed by a feminist stance, in which one of the tasks of the research process will be to strive actively to confront oppressive practices rather than being complicit with them. Kotzé and Kotzé (2001) argued that too often research is carried out and degrees awarded on account of the suffering of others, with the participants of research not gaining any benefit from the process. My intention in this study is to ensure that the interests of the family as a whole, and its individual members, are at the heart of the process and that the gains to be made through research come second.

One of the first steps in the ethical scrutiny of this study was that it had to be presented to the Faculty of Health and Life Sciences Ethics Committee at De Montfort University, approval was subsequently secured.

As well as the ethical guidelines of the AFT's code of ethics, the research process itself will be guided by de Vos's (1998) guidelines for ethical social research.

1.6.1. Harm to the study participants

The danger of this study is not so much the likelihood of physical harm, but rather the possibility of emotional harm. Research will be carried out on the life stories of individuals and, as part of the therapeutic process, the reason for being referred to therapy has to be explored. This can be a painful process. Making sure that a safe space is created to deal with these stories will be important not only for the therapeutic process but also for the quality of the data collected (McLeod, 1994). The skills involved in good therapeutic communication will be central in enabling this space. The stories of the families will be treated with the utmost respect and dignity.

The ethical obligation is on the researcher to protect participants from emotional or physical harm. If it becomes apparent that the emotional pain caused by the therapeutic exploration cannot be appropriately managed by the researcher, the families will be referred to another professional person or institution. The goal of the sessions will remain focused primarily on the helping function of the therapist, and secondly on the needs of the research programme.

1.6.2. *Informed Consent*

Informed consent requires that all possible or adequate information on the goal of the investigation, the possible advantages and disadvantages and dangers to which the participants are exposed, and the credibility of the researcher, or therapist in this case, are to be made available to the participants so they can make an informed decision about their participation.

Crabtree and Miller (2000) stated that the following should be included in the informed consent process in regard to the use of the material obtained during the study:

- Permission that the records can be studied by the research team for use in the research project.
- Permission for the use of the information obtained to be used in scientific publications.
- Permission that other researchers can use written and video transcripts.
- Permission that transcripts can be shown in public presentations.
- Permission that records can be used on television or radio.

This study does not intend to use the transcripts for public presentation or for television or radio. If the material needs to be used for training purposes, permission will first be obtained from the families. To address these matters and to provide information about the abilities of the researcher, an informed consent form was developed (Appendix 1).

It is sometimes taken for granted that children as part of a family are not able to give informed consent, and the age at which they become able to give this is open for debate (McLeod, 1994). This situation is exacerbated

when the informed consent is in written form using jargon, making it difficult to understand, not only for the children, but also for everybody. To bridge this problem, a separate conversation with each family will take place at which I will read the informed consent form to them, explaining all aspects and ensuring that children are part of the decision-taking process.

1.6.3. *Deception of the respondents*

No attempt will be made to use deception in any form. If it does happen inadvertently, it will be rectified immediately, or as soon as possible.

1.6.4. *Violation of privacy*

De Vos (1998) defined privacy as implying the elements of personal privacy and aspects of life, which are normally not intended for others to observe or analyse, while confidentiality indicates the handling of information in a confidential manner.

Confidentiality is important in all spheres of social work, not only in the field of research. This principle, then, implies that all information gathered during the therapeutic session will have to be treated as confidential. This will be undertaken by applying the structure suggested by McLeod (1994), such as disconnecting the identifiable information (names, places, addresses) from any other research data, as well as adhering to the requirements of the Data Protection Act (1998). All names used in the text will be pseudonyms.

Participants will be informed that the researcher is, by law, required to disclose information that pertains to issues of child protection if these are not already known to the local authority.

Participants will also be requested to sign a form providing permission to use video recordings. These recording devices will not be hidden, but clearly indicated to the participants.

1.6.5. *Actions and competence of the researcher*

De Vos (1998) referred to two aspects in this regard that are of great importance to this study. Firstly, the researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the investigation. Newfield, Sells, Smith, Newfield and Newfield (1996) added to this the need to inform the family of their previous experience. Secondly, the onus is on the researcher to deal ethically, not only with the results, but also with the therapeutic setting. The code of ethics of the AFT (2000) requires that family therapy be carried out with the support of a supervisor. If supervision provided by either the local authority or other organisation is not sufficient, alternative sources of supervision should be arranged, specifically focussing on therapeutic skills.

The above five ethical principles should not disguise or limit the ethical consideration applied both from a narrative and a social work perspective. As will be seen in the following chapters, ethical considerations will form a central part of every stage of the decision-making process. For example, this study will not make use of randomised treatment and control groups, as this will imply either that some people will not receive help, or, alternatively, be provided with another form of help for which they will be placed on a waiting list. This denies families their autonomy and right to choose (McLeod, 1994). Another example is the selection of people to participate as part of the study.

Families may be under the impression that the quality of the service they receive will have a bearing on their participation in research. It will be made clear to the participants that their choice to participate will have no bearing on the service they receive.

1.7. Personal Journey

As with so many other studies, the last chapter to be completed is this Chapter One. The advantage of this is that I now have the opportunity to combine the preamble with a reflection. I started this study by investigating whether family therapy, and narrative therapy in particular, is an effective intervention strategy, specifically for social workers to employ. As the study progressed, a new emphasis emerged surrounding the need to identify a clear methodology to assess the impact of therapy.

It also became a personal journey, starting with my understanding of narrative therapy and associated research being distant and severely limited. I strove to be neutral and objective, writing much of the work in the third person, preferring the term "the researcher" or "one needs to ..." to achieve this. As it started to take on a life of its own, it made me realise that a narrative way of working is much more than a theory, and rather about a way of life. Through this process, I came to realise how real issues of oppression are and how oppressive my own practice has been. By the time I reached the final chapters, I wanted to change many of the things I had said and the style in which I had written, but in so doing I would eradicate all traces of the journey, pretending it never happened. In light of this, I have left the main steps of the journey intact, addressing them as I go along.

1.8. Conclusion

In seeking to answer the research questions as to whether an antenarrative methodology can track and illustrate change in the stories of families, this study aims to provide an illustration of how this methodology can be used to illustrate change in a way that supports a post-modern and anti-oppressive stance to research. It aims to provide a way of conceptualising families as part of an ongoing process, which is of theoretical interest because it supersedes what is already available, and is of practical value because it develops a model that practitioners can use as a guide to assessment, to the identification of stories that people tell about themselves, and to the enhancement of the therapeutic work undertaken.

In the following chapter I will explore the narrative model I developed in 1995, which was also the therapeutic model used in the process of data collection. This should provide the reader with an understanding of the process used in therapy.

Chapter Two

The model of narrative therapy applied in this study

This chapter explores the social and policy context in which the study took place, my personal theoretical development, the position of narrative therapy in relation to other approaches and the model of narrative therapy developed in my previous research (Weich 1995), which was applied during the process of data collection in this research.

One of the major influences in the choice of a model for use during practice must be one's training and working context, either of which can lead to either an interest in or a disregard for specific models. Pozzuto and Angell (2001) referred to this as a process of indoctrination, not unique to social work, in which these models become part of a beginning social worker's repertoire. The next phase in professional development is a process of either finding an alternative model more suitable for one's personal style, or taking existing models and adjusting them to fit ones ideas and the particular setting as part of an experimental phase (Pozzuto & Angell, 2001). This process of adjustment can be complex, as models of practice are built on specific interpretations of the world, the problems people experience, and ideas about how we should or should not go about addressing them. They are also unavoidably influenced by the requirements laid down by the surrounding legal and professional policy frameworks, which the next section briefly outlines.

2.1. Policy and Organisational Context

Dating back to the death of Maria Colwell in 1973 social work with children and families over the last 3 decades has been subject to refinement and numerous reforms. As a result, the role of the social worker has been significantly modified with attendant tensions and contradictions (Parton & Masson, 2002; Penna, 2005). Social workers have become tied to the criteria set out by the Best Practice guidelines, Child Protection Conferences and the prescribed methods of assessment, for example the Framework for the Assessment Children in Need and their Families (Department of Health, 2000), which is a tool used by social workers in the field of child protection to guide service delivery. The deaths of children like Lauren Wright and Victoria Climbié, however, highlighted the need for further guidelines on good practice.

As a consequence, the social work system itself has been described as having gone out of control, with workers spending up to 80% of their time doing paperwork and no longer engaging creatively with service users (Samuel, 2005). It has become an increasingly proceduralised profession in which practice is informed by legislation and tasks are completed in a functional manner to ensure accountability (Parton & O'Byrne, 2000). Although the guidelines and procedures provide a safeguard for service users and workers, they do not guarantee positive change, or detail how it should be achieved, arguably leaving professionals unable or too afraid to employ the professional discretion for which they are trained.

This is not only a British experience. Coffey, Olsen, and Session (2001: 391) who studied this trend in the United States of America, quoted one of the respondents in their study of social workers as saying, "Procedures are

replacing theories. ... In this agency, writing notes and documenting services have gained priority over the quality of the care." Training and actual service delivery appear to have become less important than procedures to cut cost, and issues of legal liability have become paramount. It has become a matter of ticking boxes. This actuarial notion that people's lives can be accounted for by ticking boxes departs from the original spirit of social work.

There is, however, a more subtle process in the making. Brown and Crawford (2003) argued that the locus of control, which looking at the above arguments appears to be central, has been shifted to the individual worker, so that workers are encouraged to police themselves. They argued that the training workers receive and professional working practices facilitate the development of various forms of self-control and monitoring. This policing does not stop with workers. D'Cruz (2005) quoted Donzelot (1980), who argued that families are encouraged to police themselves to measure up to what are regarded as normal families. These cultural images allow for self-regulation not only of families but of women, who are often the primary representatives of families. D'Cruz (2005) described this as a way of working that:

> "has become increasingly coercive of families, failing to deliver sufficient resources to assist families to care for their children and so prevent harm. Furthermore, the integral association of professional knowledge with professional power (knowledge/power) (Foucault, 1980) that is implicit in Child Protection policy and is kept invisible through claims of medico-scientific objectivity of the risk paradigm." (D'Cruz, 2005: 102)

This is not only the case for social workers in child protection, but for all those working with families (Coffey *et al.*, 2001; Dyson & Brown, 2006), and leads to an erosion of clinical and professional ideas; procedures are

replacing theories, thus undermining the professional competencies of workers.

These surrounding frameworks have been set out here, firstly because they undoubtedly constituted inhibiting factors to my own theoretical journey and ability to try out new ideas, and secondly because it is important to understand social work practitioners' own current reluctance to advance their practice. As Chapter 3 shows, once I returned from practice and academic base, I was able to take my on theories forward in a way that most cannot.

2.2. Personal theoretical development

To illustrate my personal theoretical development and the change in approach I went through, I will first look at systemic and structural therapy to draw a comparison with the narrative therapy model I developed whilst in practice and as part of my previous research. It is also the model I used in the collection of data for this study. Although a plethora of models, such as cognitive behavioural therapy, rational emotive therapy, psychodynamics, and many others could have been selected, systems and narrative approaches have certain elements in common over and above being influential in my development from a modernist to postmodernist worker. These common elements derive from the ideas of Gregory Bateson (1980) as illustrated by many subsequent influential authors (Goldenberg & Goldenberg, 2000; Inger, 1993; White, 1995; White & Epston, 1990). Bateson provided family therapy, and narrative therapy in particular, with its epistemology and ontology (de Shazer, 1982; Fishman, 1988; Freedman & Combs, 1996; Inger, 1993; Hoyt,

1994; Monk, *et al*, 1997; White, 1995; White & Epston, 1990; Zimmerman & Dickerson, 1996).

Bateson brought two specific ideas to the field. The first is the term cybernetics, which refers to a system of automatic control mechanisms (Allen, 1992), or how both mechanical and living systems use information to correct themselves and maintain stability using feedback loops. This idea proved to be useful in other fields as well (Bateson & Bateson, 1987). The initial theory, or first-order cybernetics, held that it is possible for an observer to stand outside the system being observed and make objective decisions. Many of the modernist therapies rely on this premise of objectivity. Bateson (1980) regarded it as impossible for people to stand outside the system they were observing, thus doing away with the concept of objectivity or neutrality (Inger, 1993).

Bateson's assertion concerning the lack of objectivity is paralleled in the post-modern perspective, where it is asserted that therapists are part of the family system and cannot claim to be outside, able to make wholly objective decisions. Our understanding of the world is also determined by our previous experiences, making objectivity even more difficult. To comprehend someone's understanding of the world we need to look at what is called a map of previous experiences to unravel where the ideas or experiences will fit in.

Bateson (1980) also highlighted the importance of language, and some regard him as a social constructionist (Inger, 1993). Systemic, structural, and narrative therapists have accepted this view. Fishman (1988) emphasised the principle that it does not help if we treat or react to the *name of the problem*. Rather, it is important that the problem be seen it its context. The application

of Bateson's ideas differs widely between modernist and post-modern thinkers.

2.3. Bowen's Systems approach

Murray Bowen is widely regarded as one of the leading figures in family therapy (Titelman, 1998). Family therapists view his systems theory as one of the most important and influential models (Knapp, 1997). It is generally classified as trans-generational, due to its underlying belief that current family problems should be traced to earlier generations, searching for unresolved conflicts. Bowen (1978) defined the family as a system of interlocking relationships and emotional units that have to be understood within a multigenerational, historical framework.

Bowen proposed that the motivation for human behaviour came from family life and the simultaneous need for separation and togetherness (Meyer, 1989). The locus of control for Bowen was not within the individual, but within family life and relationships. The idea that families are seen as an emotional unit with the people unable to separate themselves from each other is derived from a biological view of the family as a living system (Bowen, 1978; Kerr & Bowen, 1988). Bowen's theory of families and family therapy was based on eight interlocking concepts which are tied in with the concept of chronic anxiety, transmitted down through successive generations of the family. His view was that this chronic anxiety represents the underlying basis for all symptomatology. As emotional tension rises within the family, one of the family members, normally the most vulnerable person, tends to absorb it. Bowen suggests that this is the time in the life of the family when problems

start to emerge (Goldenberg & Goldenberg, 2000). For a complete discussion of Bowen's eight interlocking concepts, see Kerr and Bowen (1988).

The goals of therapy for Bowen were to reduce levels of anxiety and to improve the participants' level of self-differentiation (Kerr & Bowen, 1988). One of the techniques for doing this and for assessing families is the genogram, still widely used in family therapy. This method provides a helpful visual representation of the relationship between family members and previous generations, and is an example of Bowen's emphasis on assisting family members to establish change, viewing the therapist as an expert and coach. He viewed the therapist as being involved, but at the same time detached, seemingly forming a triangle within the family to relieve anxiety. It has been argued, however, that the true nature of this involvement is one of control, where all communication is directed at the therapist rather than family members talking to each other (Knudson-Martin, 1994).

Bowen's idea that anxiety is the basis for all family problems also has a clear connection with the psychodynamic approach (Kerr, 1988). The link with Freudian and Darwinian thinking is evident in specific concepts like anxiety, the regression principle, and the family as a naturally evolving system. Feminist scholars have criticised Bowen's work as enhancing typical male characteristics found in the differentiation of the self, such as being goal-oriented and striving to be autonomous, and ignoring more important principles such as relatedness, caring, and nurturing (Goldenberg & Goldenberg, 2000). Bowen's eight key concepts suggest a framework in which human behaviour is pre-determined and our reactions predictable, and in which behaviour can be controlled through therapy. Although these

concepts are interesting as a frame of reference, there are other explanations for behaviour. The desire to look for general trends in families, as proposed in these concepts, can lead to a search for what is wrong, ignoring the abilities and strengths located within families. Over time, it has become difficult for me to identify with Bowen's idea that human behaviour can only be studied if it is firmly anchored in biology and evolutionary theory as well as in other knowledge of natural processes (Kerr & Bowen, 1988). My position leans towards that of Lerner (1987), which is that Bowen's notion of human behaviour is neither systemic nor contextual and disregards the importance of gender roles. It appears to me that working from a systems perspective is, as for Lerner, to judge all other views on family life as deviant.

Two other therapists who worked with Bowen and who also had an important impact on family therapy and my personal development are Minuchin and Haley, both structuralist workers (Haley, 1976; Minuchin, 1974; Minuchin & Fishman, 1981). The following discussion will focus on Minuchin's structural approach.

2.4. Minuchin's structural therapy

Minuchin (1974) defined his approach as a way of working with individuals as part of a social context, with therapy directed at changing the context of the family. This approach can also be seen as a way of looking at human beings living in groups, such as families, which have specific functions in their lives (Clark & Standard, 1996). Changing the structure of the family it is argued, changes the experiences and positions within the family. Many of the well-known concepts in the field, such as borders, roles, rules,

subsystems, and boundaries, are familiar because of this model (Fishman, 1988).

Minuchin viewed pathology as located not only within individuals, but also within their social contexts, and in the feedback between individuals and their social contexts. Symptoms are seen as located in specific transactional patterns within the family, which have to change in order for the symptoms to change. This presumes that families with problems operate from a dysfunctional structure (Fishman, 1988). In order to determine the normality of family behaviour, a comparison with what is seen as a 'normal' family is made to determine the level of deviance (Minuchin, 1974). This model of normality is regarded as transcending culture, and Minuchin provided clear indications of what he viewed as a normal or a well-functioning family (Burnham, 1986; Navarre, 1998). These include specific views of borders around family members, how subsystems should function, and how the interaction between these should happen. The boundaries between family members are reflected in the transactions between people. These interactions illustrate the rules, status, power, and function of various family members and subsystems in which they are located (Clark & Standard, 1996; Fishman, 1988; Perosa, Perosa & Tam, 1996).

Feminist writers, however, are sceptical of the idea that a hierarchical structure should be present in families, arguing that this would lead to the reinforcement of stereotypes by attaching various levels of authority to specific family members (Colucci-Corit, 1999). Such a hierarchy promotes the role of the father as the executive member of the family, with the mother responsible for emotional care, but not having the same or higher executive authority than

the father. It implies that women are responsible for dysfunctional families and are more prone to mental health problems than men (Clark & Standard, 1996; Navarre, 1998; Perosa *et al*, 1996).

Bowen's and Minuchin's models have certain features in common. Both tend to focus on the problematic behaviour within families and do not investigate the abilities located within them. They assert that the therapist's first task is to explore the problems families face and then to develop diagnoses of what is wrong. This search for pathology undermines a more complete account and leads to a blurred description (Boer, 1992). Problems are viewed as located in the anxiety within families, the transactions between family members, or the interactions between people generally. The goal is to quickly establish a cause-and-effect description. This linear view does not take the complex nature of human behaviour and experience into consideration. The view that the therapist can 'know' what is really happening, and is an expert able to diagnose objectively, denies that reality can only be identified by those who experience it personally.

The notion that families should be compared to what is 'normal' is also problematic, as normality has to be determined by the therapist, who in turn is influenced by personal experiences. Minuchin's view that his structural model transcends culture is dangerous, because it implies that the middle-class American family it is based on is the standard all have to strive for, and indeed the therapeutic processes that accompany these views are treated as if his model is universally applicable. This appears to be a case of colonialism in therapy (Waldegrave, 1990; Tapping, 1993a). My own experience as a therapist working across cultures in both South Africa and the United Kingdom

have led me to believe it is not possible or reasonable to regard specific views of family life as transferable to all cultures (Weich, 1995).

This theoretical training also coincided with my personal journey and learning. My training at University was based on a white, Euro-centric, Christian view of the monogamous and heterosexual family, where the husband was in charge and had the final say. When I started working, I was confronted by a very different world view, because my client group was exclusively from the Sotho and Tswana communities of the Free State in South Africa. Here, religion and spirituality had different meanings and I had to learn to work with traditional healers, locally known as sangomas and nyangas. I learnt that monogamy meant different things to different communities and that women were often in charge of households because men were employed very far from home. The models I learnt at University did not seem to fit the work I was doing. This change continued when I moved to the United Kingdom and wórked as a child protection social worker. Here I had to learn that the State could take quite wide-ranging powers, even interfering in the very private domains of family life in ways not remotely familiar from the developmental approach to social work advocated in South Africa. I thought discrimination would not be a problem in a first-world country, but quickly learnt discrimination is not only racial, but also on the basis of class. Other forms of discrimination of course were very familiar, such as sexism, homophobia, ageism and discrimination on the basis of disability. Religion and spirituality in the UK are often regarded as taboo topics. Perhaps more personally, social workers, who were respected in South Africa, are here often regarded with very little respect.

2.5. Narrative therapy

2.5.1. Placing Narrative therapy in a historical context

In his article, "The Third Wave", O'Hanlon (1994) provided a useful interpretation of the position of narrative therapy in relation to other therapies. He depicted the developments in the field in the form of three waves. O'Hanlon's First Wave included models from the first half of the twentieth century, developed by authors such as Freud, who laid the foundations for psychotherapy. This was dominated by psychodynamic and biological forces, exploring medical reasons for human problems. The therapists regarded themselves as the experts and their clients as patients, in the same way that doctors would view their patients (Louw, 1989). Helping people to understand and interpret their own thoughts and dreams and to realise the true meaning of behaviour was central to this approach.

The Second Wave started in the 1950s, but did not totally replace the first. In contrast to the first wave it focused on the here-and-now. It included approaches such as problem-solving, cognitive-behavioural, systemic, and structural therapies. The therapist was still regarded as the expert, but the people were viewed as basically healthy and only making a pit-stop for help. This wave emphasised the importance of an objective scientific knowledge base. For example, the cognitive behavioural theory described behaviour in terms of stimuli and responses, which allowed for explicit and objective definitions of behaviours (Sutton, 1999), positioning therapists as experts who can make suggestions on how others should behave.

The Third Wave of therapies became prominent in the 1980s and these are often referred to as competence-based therapies. Practitioners did not regard themselves as the experts, but rather looked at the service user as the expert or the problem solver. Smith and Nylund (1997) referred to this position as a movement away from a therapy of certainty to a therapy of curiosity. They claimed that the focus on the problem sometimes hides solutions that are within the family (Gergen *et al.*, 1999). Narrative therapy forms part of this third wave.

As with many other changes in thinking, narrative therapy still has some roots in the Second Wave, especially the initial writings of the 1980s. Hart (1995) drew a comparison with White's earlier work from 1984 to 1986 and its links with strategic family therapy and Bateson's cybernetics, showing that this first phase was essentially pragmatic. The most important principle established in the 1980s, and still regarded as his most important contribution, is externalisation. It was the process whereby the problem is not seen as inherent in any person, but separated or externalised from any person or family (White, 1989). This is a movement away from seeing problems as intrinsic either to people or to their actions.

The first wave of therapies focussed on individuals and their psychodynamic functioning, with the therapist as the expert. The second wave of therapies had a more holistic approach, with people viewed as generally healthy and the therapist sharing the limelight. In the last wave, people are seen as the experts, with the therapist not being in charge; instead of looking for the problem, the therapist is looking at what works and the meaning and consequences of the problem to the family.

The third wave, or postmodern, approaches in family therapy have a number of historical and theoretical links and share a similar view of science and philosophical orientation (Bubenzer & West, 1994; Smith & Nylund, 1997). These commonalities are clearly illustrated by comparing narrative and constructivist approaches. Both regard language and stories as important. Gergen (1999a) regarded stories as the way in which social psychologists, informed by constructivist thinking, can make themselves intelligible, and in narrative therapy the stories of people's lives are central (Morgan, 2000). This suggests that our personalities and our experiences are formed by stories of the past, by stories we hold of ourselves and that others tell about us. We develop an understanding of ourselves through these stories (Kerby, 1991). If this is true, we will see why it is so difficult to understand ourselves through introspection. We have to look at the stories we tell about ourselves, and others tell about us, to understand who we are.

It should be acknowledged, however, that some narrative authors, such as White (2003), found the association with constructionism, especially the work of Gergen, unhelpful. White asserted that Gergen's interpretation of Foucault is severely skewed and his interpretation or explanation of the development of personality and memory unsatisfactory. Others, like Jenkins (2003), have found that the attempts to create divisions between the two are superficial. Shapiro and Ross (2002) took this a step further by saying that social constructionism is the basis for narrative therapy.

There also exists some confusion about the terms constructivism and constructionism. Appleton and King (1997) stated that there should be a clear distinction between constructionism and constructivism. For them,

constructionism has its roots in sociology, in that it is concerned with the process of how human beings give meaning to their experiences. These meanings and our interpretations are created between people. In contrast, these authors suggest constructivism asserts that the meanings we hold are created collectively rather than individually. Burr's (1995) opinion, however, is that there is no single definition of constructivism, and she defines it as the assumption that such psychological processes as thinking, perception, and reasoning find expression in individual and interpersonal behaviour. Like Burr (1995), Atwood (2000) and Payne (2000) argue that social constructionism emphasises social interpretation and the inter-subjective influence of language, family, and culture. It holds that meaning is constantly being formed and shaped by the process of social interaction, and is constantly changing.

Some authors regard the distinction between the two terms as superficial and consider that the two terms can thus be used interchangeably (Sarbin & Kitsuse, 1995; Dean & Rhodes, 1998). This is the stance which will be taken in this study. The emphasis lies in the meanings created in the interaction between people. These meanings are expressed through language within the structures for interaction in families and society. It is therefore a joint meaning-making process, shaped and expressed through language.

2.5.2. Defining the narrative

For many years knowledge and understanding of life was accomplished and passed on through stories (McAdams, 1993; Parry & Doan, 1994). Human beings were storytellers by nature. Story-telling is still one of the most fundamental ways in which people express themselves and attribute

meaning to the events that the stories relate to (Gaanzevoort, 1993). It shapes who we are and who we will be. The importance and centrality of stories can be illustrated in the following translation of a story told by Brink (2005) about a Bushman named Kupido Kakkerlak (Cupid Cockroach) who lived in South Africa during the seventeenth century: "Kupido Kakkerlak was not born from his mother's body in the normal manner, he was hatched from the stories she told" (Brink, 2005: 9).

Deciding what a story or narrative is is more complicated than expected. For Josselson and Lieblich (1993) it was easier to say what a narrative is not than what it is. Payne (2000) defined narrative as selected sequences of the life of a person that come into existence through the process of the telling of the narrative. The *Concise Oxford Dictionary of Current English* (Allen, 1992) defined it as a spoken or written account of connected events in the order that they happen.

This linear aspect of all narratives is, also referred to by Parry *et al.* (1994), who asserted that humans tend to be selective in the formulation of their personal life stories. This emphasis on the time-line does not take the complexities of people's lives into consideration. To view a narrative as simply a selection of events denies the motivation of the author for choosing these events. Polkinghorne (1988) referred to narrative meaning and defined it as cognitive processes that organise our human experiences into what he called "temporal meaningful episodes". He described a narrative as follows:

> "Narrative is a scheme by means of which human beings give meaning to their experience of temporality and personal actions. Narrative meaning functions to give form to the understanding of a purpose to life and to join everyday actions and events into episodic units. It provides a framework for understanding the past events in one's life and for planning future actions." (Polkinghorne, 1988: 11)

For him this is the primary scheme through which we render our existence meaningful. The events in isolation do not have meaning; it is only when they are placed in a story, in a specific order, that they become less fragmented and establish a meaning (Gaanzevoort, 1993). Because it is a cognitive process or mental operation it is not an object that can be observed.

It is the duty of science and scientific language to reduce the meaning of words to a singular meaning (Ricoeur, 1981). In contrast to this, it is the goal of narratives and poetry to:

> "make words mean as much as they can and not as little as they can. Therefore, [the aim is] not to elude or exclude this plurivocity, but to cultivate it, to make it meaningful, powerful and therefore to bring back to language all its capacity and meaningfulness." (Parry & Doan, 1994: 3-4)

To pin a narrative down to a definition that is too confining will not, therefore, serve the purpose of narratives.

2.5.3. Ideas that inform narrative therapy

Narrative therapy has been informed by various ideas with specific implications for the therapeutic process and its view of the world. It is important therefore to consider the assumptions on which narrative therapy is founded.

2.5.3.1. Foucault

Narrative therapy did not develop from the dominant discourses of modern therapy, but is grounded in various theoretical and philosophical ideas, with Foucault's being among the most prominent. Narrative therapy's proponents reject the modernist notion of therapy as being objective,

empirical, and reliant on instruments to measure lives (Madigan, 1992; McLeod, 2001). Again, influenced by Foucault, White and Epston (1990) have developed a form of counter-therapy which critiques current therapeutic practices. At one stage they considered not using the word counselling or therapy at all, so as to highlight their concerns about these practices (Besley, 2002; Shapiro & Ross, 2002).

Like Waldegrave (1990), White and Epston asserted the inherent political context of all therapeutic activities, encouraging therapists to be transparent about their stances on issues such as race, gender, sexuality, social class, disability, and age, all of which can marginalise others. Nowhere in the world was this more obvious than in South Africa, where the apartheid regime determined individual and family life in many directly visible and invisible ways. Mental health professionals were part of the process and the institutions of its enforcement, sometimes apparently without thinking about what we were doing (Swartz, 2001). This co-optation is not confined to the past apartheid regime. McLeod (2001) has argued that it is a problem in the British context as well.

Scientific practices turn people into what Foucault (1991; 2001) called docile bodies, via diagnoses and testing. People try to understand themselves and society through labels or specific words (diagnoses) that have their origin in scientific language. Power in society is determined by people's ability to understand these labels or words and to use them to indicate what is normal and abnormal. For Foucault, it is not possible to separate power from knowledge, because the discourse in society that is held as true becomes the dominant discourse, and thus holds the power.

Although Foucault originally focussed on the use and abuse of power in society at large, he later placed emphasis on what the relations of power meant to the production of an ethical life. For him, power relations describe all aspects of our lives and are played out in the language we use (Monk *et al.*, 1997).

Foucault's (1991) idea of the *ever-present gaze* illustrates White's interest in the significance of how modern psychology operates in people's lives. Foucault developed his idea of the ever-present gaze after observing Jeremy Bentham's famous design for a circular prison, the 'Panopticon', where the inmates had to presume they were being constantly observed and were unable to escape the guard's observation. Because they think they are constantly being observed, the inmates start to police themselves. Arguably then, contemporary power operates so as to get people to police themselves in the context of a normalising judgement. We are encouraged to operate on ourselves to minimise the distance between where we are and where the dominant discourse of society wants us to be (White, 2004). Examples of this might involve the ideal body image society expects of women, the role of women, and 'macho' stereotypes of men. People come to therapy with these internalised dominant discourses. As therapists, our task is to dislocate or externalise them.

Perhaps the most important aspect of White's interpretation is the practical meaning he gave to Foucault's ideas in a therapeutic context:

> "Narrative therapy is more than just a new set of skills and techniques. It involves the interlocking nature of theory, ethics and skills because it is partly a consistent ethical stance which in turn embodies a philosophical framework [Winslade & Monk, 1999: 2]. It is not just therapy but a lifestyle and political project that involves speaking and listening respectfully and that is concerned with different ways of

producing the 'self' that have a strongly Foucauldian basis and orientation." (Besley, 2002: 135).

The importance of this ethical stance is highlighted in a study done by Lever and Gmeiner (2000) who explored reasons why families terminated sessions of narrative therapy early. One of the most important conclusions they reached was that, in the cases where families felt the sessions did not help, the therapists were engaged with intellectual, or clever ideas instead of taking on this whole narrative approach to life and the problems people experience.

After observing White's sessions, Wylie (1994) described other practitioners delving into people's personal histories as looking for a lump or pathology. White's narrative therapy, in contrast, seeks out the healthy tissue, which he always finds. The conclusion is that people's lives cannot be reduced to single words or diagnostic criteria, which are too exclusive to allow for each person's potential. The problem is the problem: the person is not the problem.

2.5.3.2. *Language*

Language is regarded as a precondition for thought and as a form of social action. We are born into a world that already has preconceived ideas of what it should look like and how it is to be understood. Language is a factor that enables us to express order in our existence as humans; it is the realm that helps us to give meaning to the world and our experiences (Polkinghorne, 1988). It is also an expression of the relationships among people and it is within and during social interaction that language is generated, sustained, or abandoned. It is a descriptive symbol system, which maps the speaker's

internal thoughts (Freeman & Lobovits, 1993). Through the process of socialisation, these pre-constructed meanings are internalised in the form of meaningful symbols that are used to attach meaning to our experiences. We acquire these concepts and categories as we obtain the ability to use language. If it defines meaning and relationships, then problems are also situated in language as it, too shapes our reality (Shapiro & Ross, 2002). It follows that in order to change the problem we have to change the language around the problem.

One of the loudest voices within therapeutic language has been the *paternalistic expertness* that dominates many approaches (Freedman & Combs, 1996). In contrast, the language used in narrative therapy is deliberately non-sexist and reverts from medical models or diagnostic criteria that may pathologise or label (Besley, 2002). It attempts to go further than being ethnically neutral and relies on knowledge and skills from non-European/North American communities (White, 2003).

2.5.3.3. *Feminism*

Narrative therapy developed in a time when feminism had an important influence on the world of therapy, and narrative ideas have always been pro-feminist (Russell & Carey, 2003). These ideas have different meanings to different people. The goal of this discussion is not to clarify a broad definition of feminism but rather to address the importance of feminist principles in narrative therapy. To illustrate this, specific attention will now be paid to gender.

Narrative therapy relies on feminism to grasp and address the importance given to gender (Gergen, 1999; Campbell, 2000; Biever, De Las Fuentes, Cashion & Franklin, 1998). To understand possible views on gender, Elliott (1998) looked at three distinct interpretations. The first is a postmodernist understanding referring to Foucault's, Derrida's, and Gergen's views. McCarthy (2001) explored the social construction of gender and located much of the inequality in the discursive interactions at all levels. Gergen (1985) attempted to break down the seemingly irrefutable fact that two genders exist.

What we accept about society and gender tends to be socially constructed through language and in the interactions with others. Our identities as male or female are also generally formed in this way (Elliott, 1998). This opens the means to look at gender in alternative ways, such as those highlighted by the Queer feminist movement, and by transgender and intersex people who have challenged preconceived ideas of what is male or female (Russell & Carey, 2003). This idea of what the two genders are is based on unequal status and roles.

In narrative therapy, postmodernist feminism introduced the importance of the plurality of women's experiences, questioning the usefulness of seeing women as a single group. The established categories and concepts of male/female, class, sex, race, and ethnicity are important considerations in understanding identity, but these concepts and ideas associated with the various terms can be scrutinised critically and deconstructed (Carey & Russell, 2003), and there is a move away from the radical feminist view that all women automatically share a common sisterhood, that there are aspects

all women have in common that are more important than class, race, ethnicity, or socio-economic status.

The second interpretation of gender originates within cultural feminism, which attempts to define feminine experiences in an authentic way, meaning in terms of the experiences of women and not in terms of the definitions or words used by men (Elliott, 1998). This understanding considers the individual experiences of women and the importance of culture in their experiences of their identities, showing how our identities are formed and structured in discourse rather than in anatomy. For example, in their study of ego development in girls, Rogers, Brown and Tappan (1994) argued that regression in ego development might be regarded as a consequence of a system trying to force girls into a stereotypical view of femininity.

The third interpretation of gender is a narrative account in which the cultural discourses constituting the self are highlighted. These are represented by stories, and narrative therapy externalises these in favour of preferred stories (Elliott, 1998; Russell & Carey, 2003). It is not only women who are seen as the victims of stereotypical interpretations of gender, but also men who have different views on gender and sexuality. These principles are applied when working with gay young men to address the problems associated with dominant masculinity and violence towards them, and the homophobia they have to face, by externalising the homophobic behaviour and honouring the different strength and bravery of men who view themselves in different ways (White, 1989; White, 1992; Trudinger, Boyd & Melrose 1999).

The above discussion does not intend to distract from other important aspects in the discussion of narrative therapy and feminism, but rather

attempts to illustrate some of the important issues involved in looking at them. Other topics that are also central include: the importance of culture and the acknowledgment of the impact that male domination has had on various cultures (Waldegrave, 1990; Tapping, 1993); the impact that the emphasis on the preservation of the nuclear family has had on women and children (Russell & Carey, 2003; White, 1995); the political context of family therapy, and especially women and children's lives in family therapy (Parry & Doan, 1994); moving away from a medical or diagnostic approach to working with people (Monk, Winslade, Crocket & Epston, 1997; Penn & Frankfurt, 1994); the importance of feminism in working with people who live with anorexia (White, 1989); the worker as political instrument (White & Denborough, 1998; Russell & Carey, 2003); acts of violence against women and children; assigning responsibility for this; the mother-blaming discourse (Freer, 1997); and many others.

2.6. A Developing Understanding of Narrative Therapy

The foregoing sections of this chapter have set out the developing theories and critiques of family therapy, which provide the context for the development of my own understanding at the time of my previous research into this topic (Weich, 1995). The model used then also formed the basis for data collection for the present study. In the intervening years, I had not had the benefit of access to having a practice supervisor and so relied on revisiting videos, tape recordings, and feedback from service users. During 2003, after the completion of the data collection for this study, I attended the International Narrative Therapy Conference in Liverpool. I also attended various workshops

hosted by Michael White, and workshops by Maggie Carey and Shona Russell and Hugh Fox. This, together with conversations with many narrative practitioners from around the world, and videos of Michael White's and David Epston's work, provided a new and different view on narrative therapy. A range of books and other literature became available that also made an important difference, specifically because this is such a rapidly expanding discipline, with new ideas and theoretical influences being incorporated frequently. These new ideas include, amongst others, the interpretation of Vyogotski's theory of child development and memory theory, the incorporation of Barbara Myerhoff's ideas about how people create meaning through others, and Bruner's ideas about children's language development.

This new and different understanding I now have will be explored in Chapter Three, but for the reader to comprehend the approach used at the time of the data collection, the next section will describe my understanding of narrative therapy during this period.

2.7. Narrative Therapy's view on the "problem"

Within the narrative therapy literature there are two main views on how problems should be understood.

The first view is that problems exist in the language that we use, and so these problems are dependent on communication between people (Anderson & Goolishian, 1988). If the language between the family members around or about the problem is changed, the problem cannot survive. The second is that problems are situated in the stories that people tell about themselves and that society tells about them (White & Epston, 1990). These problem-oriented

stories, it is argued, do not provide room for people to live out their preferred life stories. As soon as the spotlight is shifted away from the problem, therefore they may have the opportunity to explore alternative narratives in their lives.

These authors do not view the problem as lying within an individual in the family in the way that a structuralist or systemic perspective might identify a person, pattern, or relationship as the problem. Rather, the problem is the problem, with its own identity. To work in this way, it is posited, the problem must be accurately described and then externalised. This is the process whereby the problem is separated from any person or family and given its own identity, which encourages people to objectify the problem, and at times to personify it. For example, if someone says: "I am depressed," then depression can be externalised by responding with "So *the* depression is making life hard for you?" (White & Epston, 1989: 5). It is then necessary to examine the ways in which the narratives which hold the problems are constructed.

2.8. **The creation of stories**

A question of theoretical value is whether the problem has to be changed in order to change the story or if changes in the story will change the problem. Logic suggests that the problem is situated within the narrative and the author or authors have to realise that they are in a position to re-script the role of the problem in their story (Fox, 2003). Dwivedi (1997) stated that stories are lived before they are told, and it follows that our experiences determine the contents of stories. In contrast, Budenzer and West (1994) presented the opinion that stories live us and that stories have a pre-

determining effect on us. White (1995) was deterministic, saying that stories provide the framework for us to interpret our experiences. He suggested that humans are interpreting beings and that stories provide the framework for our interpretations. Our life stories will determine which aspects of our experiences are expressed and the shape of these expressions. These shape our lives in a direct way.

Various factors influence how stories take shape. They are first formed through and in a specific context, not in isolation, but as parts of the stories of our wider families and communities, as parts of a culture or political system and within the history of the community (Zimmerman & Dickerson, 1996; Dwivedi, 1997). The influence of the story of the larger community can better be understood by looking back at the discussion of the work of Foucault and the ever-present gaze. Society wants to indicate what is acceptable and provides the lenses or constructs through which we evaluate our experiences as acceptable or unacceptable (Walsh, 1998). One of the therapist's tasks can be to help the family question these constructs rather than always taking them for granted.

To explain how stories are formed, White (1989) used the metaphor of a tree that is pruned. Ideas that do not fit in with the dominant story are cut away. When stories are constructed, people search for memories that support the dominant story, or as a motivation for the action being taken. Ordering the events that have taken place on a linear time scale does this. Every time that something happens, people re-evaluate their experiences in terms of their life stories (Penn & Frankfurt, 1994). These stories, created over time, are always

interwoven with community stories, forming what Waldegrave *et al.* (2003) called a web of meanings, and cannot be viewed in isolation.

Problems tend to acquire prominence through time. A pattern emerges in which the problem-oriented part of the life story is emphasised and positive information is ignored. Consequently, the family is recruited into a predominantly problem-oriented story (Wylie, 1994). The knowledge or information that is not taken into consideration in this dominant story is not totally forgotten, but is part of a subjugated knowledge (White & Epston, 1990). This knowledge base is important and it is suggested that the therapist's task is to start delving for it.

Within this approach, the process of recruitment into the problem-oriented story is central in that it provides information about the struggle that the family had in order to prevent this negative story from dominating them. Therapists and families themselves have to explore the history of this resistance to the problem within the therapeutic process.

2.9. The therapeutic process

2.9.1. The task of the therapist

In contrast to the orientations of the first and second wave of therapies, narrative therapy workers do not view themselves as experts. They might have specific skills in the art of communication and the architecture of dialogue, but they do not have access to so-called privileged or expert knowledge, and are not regarded as being in any form of authority (Anderson

& Goolishian, 1992). Although the position of therapist has inherent power imposed on it by society, we actively try to pass this on to service users.

Our own world view and beliefs have a direct effect on our understanding and interpretation of the stories we listen to. The responses to these stories are determined by this and by the theoretical perspective we hold. This will have a direct bearing on the ability and willingness of people to disclose their life stories (Dwivedi, 1997). Although we strive to take a neutral position, we have to realise that the questions we ask will influence the replies given and the parts of their life stories upon which people choose to elaborate (Budenzer & West, 1994; Monk, 1996). Workers should ensure an optimistic and positive atmosphere by facilitating the telling and re-telling of the experiences families have lived through. This may involve shifting the emphasis, questioning conclusions, or re-questioning events to find new meanings. The primary task is to help people to realise what the relationships between their lives and their stories are, and to promote change by changing these relationships (White, 1995).

2.9.2. The five main components within the narrative process

Stories are not unique to narrative therapy. Freud observed that one of things that struck him about the cases he studied was that all the histories read like short stories (Dwivedi, 1997). The difference in the case of narrative therapy is the way in which these stories are explored, a process which is generally regarded as having five main constituents, as recounted in the following section (White & Epston, 1990).

2.9.2.1. Questioning

After observing White, Wylie remarked:

> "He almost never asserts anything, rarely utters a declarative sentence, just patiently asks questions, hundreds of questions, often repeating back the answers and writing them down." (1994: 42)

Questioning forms the basis for the whole therapeutic framework in narrative therapy (White, 1989). It can have a liberating effect for people trapped in negative stories. The framework for White's questioning is based on Bruner's (1983) view of the landscape of action and the landscape of consciousness (White & Epston, 1990). The landscape of action looks at the events that have taken place, the connection between them, the sequence, and the plot or central theme. The landscape of consciousness is about the interpretation and meaning someone has of events. The focus is on perceptions, preferences, thoughts, speculations, identification of personal and relationship qualities, motives, goals, and the beliefs and values people hold.

By looking at these landscapes we start to understand the effect that people have on the problem and the problem on them, as well as the wider consequences they perceive the problem to have. This also develops a sense of the process of struggle that the family has been through against their recruitment into the dominant story. In other words, therapy not only looks at the negative life story, but also at the suppressed story. Finding the positive description can sometimes be difficult and can be like trying to cut a lawn blade by blade, or panning for the gold in the family (Wylie, 1994). It is about searching for the small and often overlooked positive events.

Throughout the process of questioning the therapist constantly takes on the position of, "I don't know/I don't understand." When people tell their stories to the therapist, they begin a process of exploration, and start with creating a new life story.

2.9.2.2. Mapping

The concept of mapping was developed from Bateson's idea that we organise reality by mapping what happens to us (Monk, 1996; Walsh, 1998). When we listen to the stories told in therapy we only get a partial picture of the whole map, or only one narrow path on the landscape it covers. As part of our conversations we use maps to track the development of the problem over time and the influence it has on people, even in previous generations (Boer, 1992; Dwivedi, 1997). When listening to the story, it is important to listen to all aspects and in as much detail as possible. This is likely to provide a more complete map, with more of the possible sections of landscapes on the map being visible.

2.9.2.3. Externalisation

The concept of externalisation is what distinguishes narrative therapy, and specifically the approach of White. It establishes a context in which people view themselves as separate from the problem. They cease to be part of the problem-saturated descriptions that have dominated their identities (White, 1989). This allows people to focus on the relationship they have with the problem, rather than becoming scapegoats, and thus reduces conflict. This process counteracts guilt and blame and enables everyone to work

together against a joint enemy and not against each other. With less unproductive conflict keeping people entrenched in the same positions, they are able to take positive action. As the problem develops its own identity through externalisation, a dialogue with it can take place.

The effectiveness of this process, in my experience, depends on the ability of the worker to ensure that the problem has a clear and separate identity. I have found that giving it a name, enabling a conversation with the problem, does this best. Through this means, externalisation is not only focussed on the past but also the present and can be applied to the situations between therapy sessions, and to the future, by the setting of goals.

2.9.2.4. Unique results

It was suggested earlier that families create their stories by pruning away all the information that does not fit the dominant life story. Unique results are the moments when the problem has been subverted, when there has been a clear protest against it, or the times when the problem did not get its way. The task of the worker here is to look for these missed events, or the subjugated/normalising knowledge, because these provide hope (Boer, 1992). It is specifically the struggle against the problem that is now the focus. The goal of unique results is to search for these positive aspects (unique moments) that have not been included in the story as told. These are grouped together to form a unique account of the specific time or times in question, allowing for a re-interpretation of the dominant life story (focussing on the landscape of consciousness) to create a preferred new description.

We find the unique results by looking at even the smallest or most remote changes or forms of protest and struggle against the problem-oriented story (Wylie, 1994). If nothing is found, people can even be invited to use their imagination (White & Epston, 1990).

2.9.2.5. Deconstruction

> Deconstruction is defined by Fish (1993) as follows:
> "Deconstruction involves closely analysing a text or other linguistic object or event and drawing out its inherent contradictions until a place is reached in the analysis where meaning becomes undecidable. The juncture is called an aparia – a point of doubt, indecision or impasse." (1993: 225)

Deconstruction can also be seen as the process of the disentanglement of interpretations of a system or web of meanings in order to point out the incorrect interpretations and the thoughts on which they have been based (Weich, 1995). It breaks down the ideas and their consequences that were previously regarded as veridical or objective. Discrepancies between various principles and the ways of thinking to which they lead are explored. This helps to develop a better understanding of the true consequences of these thoughts and confronts the moral and ethical implications. It is more often than not necessary to deconstruct some of the taken-for-granted-truths in society, such as ideas about people on account of their age, race, gender, sexuality, religion, or ability. Once the negative story has been deconstructed, room is created for a preferred life story.

In narrative therapy, deconstruction is used to break down the problem-oriented life story, rendering its meaning confused or less certain, and opening the way for a preferred life story. This is achieved by focussing on the meanings that are ascribed to people and their experiences as laid down in

the problem-oriented story, which helps to liberate people from the problem. Questions such as these might help in this process of deconstruction (Weich, 1995): What life practices and thoughts would support your freedom from the problem? What changes will these liberated thoughts require from your body, lifestyle, and beliefs? What possibilities did this liberation provide? What were the processes that recruited you to this view? (The wording of these questions would be made appropriate to the linguistic understandings of the individual families).

In my experience, if the problem has been deconstructed but an alternative life story has not been constructed to fill the vacuum left, the negative plot soon returns. It is therefore important to build on the preferred narrative as soon as possible.

2.9.2.6. Reflective Teams

The idea of using a reflective team came about when Anderson (1988) listened to colleagues discussing a case and wondered what the effect would be on the family if they were to hear what was being said about them. Another motivation is our understanding of the development of problems. Because problems are created in social settings, and seen as social constructions, it is important for the social environment to be present in the creation of the new story (O'Hanlon, 1994). This is a process in which the family members have the opportunity to tell their new story to an audience.

In traditional clinical settings the reflective team would be sitting behind a one-way mirror, and after completion of the session they would enter the room where the family was. In practice, the process works only if these

facilities are available. In a social-work setting, colleagues who visit a family with us can fulfil this role. They can, especially with good preparation, be used as a reflective team. An alternative to this might be to use members of the family (Lax, 1992). When working with schoolchildren, teachers, grandparents, uncles, aunts, or other friends can form part of the reflective team.

2.10. Phases in the therapeutic process

In my previous study (Weich, 1995) the following basic framework was developed to implement the ideas discussed in the preceding section. This served as the basis for therapy during the present study. It consists of four phases. These are a referral and identification phase, a departure phase, a positive reformulation phase, and an enhancement phase.

2.10.1. Phase One: Referral and identification phase

The first task is to establish a trusting and open environment in which to talk. Once this has happened it is time to start exploring the story. It involves allowing people the space and time to tell their story and making sure they are comfortable with the therapist's understanding. The central problem, the impact that it has on them and that they have on the problem, and the language around it are explored. The methods used to accomplish this are questioning and mapping. During the process of mapping, the stories of every individual and the wider context – that is, the wider family, local community, political, and historical factors – are listened to.

2.10.2. Phase Two: Departure phase

Once a clear picture of the problem is established, the focus moves to a separation between the problem and any individual by externalising the problem. Once this separation has happened, the process of tagging or naming the problem starts. This helps to highlight the problem's unique characteristics and strategies. To initiate communication with the problem, various forms of communication can be used, such as letters, conversations, or drawings (Rasmussen & Tomm, 1992, 1992a). In some cases, I have used dolls in order to enable a family to talk to the problem, or whiteboards to draw pictures of problems. A process of deconstructing the foundations of the problem can then start. The focus is on the inherent contradictions in the story the problem is trying to dictate about them, as well as on thoughts, societal values and norms held as truths, and on the blame apportioned to someone. When a problem such as racism is addressed, this process can look at the origins of discriminatory thoughts within the family, school, and community, followed by a process of exploring the times when people were able to stand up to the dominant ideologies embedded in racism.

2.10.3. Phase Three: Positive reformulation

The use of questioning starts the search for unique outcomes. These are searched for in the past, present, and future. The goal is to reach a preferred story or re-description that helps to prevent the problem from returning, because the preferred story has now become embedded.

2.10.4. Phase Four: Enhancement phase

The building of the preferred story is continued with goals that are now formulated to strive for. This is normally the time during which a reflexive team can be used. This ensures that problems are dealt with in the family and community in which they were created.

As with any other model, none of these phases should be seen in isolation and they should overlap.

2.11. A Critical assessment of this approach

A good example of a narrative interpretation that not only incorporates the problems of power, but also looks at the wider political and social context of problems, is the model of *Just Therapy* developed by Waldegrave (1990). The current approach (Weich, 1995) does not provide a practical framework to address issues of discrimination as effectively as Waldegrave's did. In comparison to Waldegrave, it only provides a framework for rhetoric without linking rhetoric to practice.

By the therapist taking on a position of curiosity rather than one of understanding, people have the opportunity to make sure their story is heard and understood in the way they want it to be grasped. An example of this is to listen first to what families tell us before reading the files in which other professionals have recorded their assumptions. Narrative therapy is refreshing in that it acknowledges the impact that we have on people's lives through our questions and interventions. We have to accept the moral and ethical responsibility with which we are faced (Monk, 1996; 2003). Part of this acknowledgement is to help people to reflect on their experiences of therapy.

This approach is less effective than newer approaches in narrative therapy in communicating with difficult-to-engage families, something that often happens when people are referred as part of the process of child protection, but do not want professionals to interfere (Carey & Russell, 2003).

Very little direct attention is paid to emotions (Weich, 1995). Although they are mentioned and explored, they are seen as part of the story. The assumption is that if the narrative and its root metaphor are changed the emotions will also change, but there is a danger here in not checking out their movement as the story progresses.

The idea that the story lives us seems fatalistic and does not provide the space for the family members to become the authors of their own stories. Cognitive behavioural therapists argue that causality is a problem in narrative therapy. In turn, other approaches to therapy offer only a diagnostic, reductionist approach to complex problems and do not consider these problems' creation. This is precisely why therapists are uncomfortable with research in our field; it is because we feel that our work with families has more to do with the relationships we have and the language, poetry, and literature we use than with cold fact (Roy-Chowdhury, 2003). These approaches share a common theme with narrative therapy, namely the linear nature (time dimension) of problem and narrative development. Highlighting the linear time-line may constitute an unduly simplistic approach to complex human problems, because factors outside of therapy and the narrative description are not included in a linear or single-dimensional description.

With its emphasis on the narrative of the family and the language around the problem, narrative therapy may appear to pay little attention to

other aspects of the family traditionally regarded as important. At first glance, it can seem as though the family itself has gone missing in the process of analysing the narrative and not the person (Minuchin, 1998).

Cottrell and Boston (2002) highlighted three criticisms of narrative family therapy in particular. The first is that, in their view, this approach to family therapy is nothing more than individual therapy in the presence of the family, who act as an audience. Secondly, they argue that it is difficult to use narrative therapy with families who present with more than one problem, especially in cases when the definition of the problem is constantly changing. Their last criticism is that:

> "It [narrative family therapy] has also been seen to take a political stance with regard to mental health practices that at best may be naïve or at times, unhelpful to clients with serious mental health problems." (Cottrell & Boston, 2002: 576).

Although I will attempt to address all three of these concerns in Chapter Three, I would like to respond briefly at this stage. Narrative therapy does not draw a distinction between individual, family, and community counselling. Because of the social constructionist position on how problems are created, the belief is that because others are there as an audience, including the family, issues are better able to be resolved. To focus on the interactions and patterns within the family disregards the importance of the social setting in which problems are created. It seems doubtful that these authors, in their discussion of narrative therapy, were able to evaluate the importance of outsider witnesses or the accountability they provide to service users.

Cottrell and Boston's (2002) second concern might be based on a different understanding of narrative therapy than the one proposed by White and Epston (1990), or indeed any of the other authors. At no stage do any of

the authors suggest that the definition of the problem should be fixed. Instead, as will be seen in the following chapter, the definition and even the problem itself can change without having any problematic effect on the process. After all, we are not trying to limit the problem to a single word or diagnosis, but rather to help people to tell stories about their experiences. Their last concern is perhaps a matter of a different perspective. From a narrative and postmodern perspective, and especially as a social worker, I am not persuaded by their argument. On the contrary, we need to be more open to the political context of all our actions and realise their significance in the work that we do (Waldegrave *et al.*, 2003). It is arguably to the detriment of service users that we have not drawn more attention to the implications of the political context of our work. More recent studies, such as Asen and Schuff (2006), affirm the effectiveness of family therapy specifically in cases involving people who are living with serious mental health conditions.

Narrative therapy can easily be criticised for having a basic contradiction, in that it claims to be delivered by non-experts, who then proceed to develop an intricate and exclusive specialist language. In the following chapter, this criticism might even be more relevant. My personal experience is remarkably far from this. During my time as a social worker in South Africa, narrative therapy formed the basis for training community members, who often had no prior education or previous contact with the helping professions, to act as counsellors for their communities. Although the Euro-centric language had to be changed, they were able to understand the approach and adjust it to fit their personal circumstances.

2.12. Conclusion

This chapter highlighted the complex policy and practice setting within which social workers have to consider the ideas of narrative family therapy. As a postmodern approach to therapy, narrative therapy is based on feminist and Foucauldian principles which highlight the importance of language in practice.

As noted in Section 2.4, the above discussion is an indication of my understanding of narrative therapy at the time of the collection of the data. The following chapter will outline a new, and I hope more complete, understanding of narrative therapy.

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Chapter 3.

The newer narrative model

The goal of this chapter is to explore the differences between the model outlined in Chapter Two and the understanding of narrative therapy I have now reached in the process of conducting this research. In doing so, I acknowledge the contributions of Michael White, Maggie Carey, and Shona Russell at the Dulwich Centre, and on Charles Waldegrave's work, since this approach to people's lives represents most closely to the ethical approach to therapy discussed mentioned in the previous chapter.

3.1. What is this newer model of narrative therapy about?

Narrative therapy is in the first instance about re-authoring conversations and helping people to revisit their experiences. The stories thus generated are defined as events linked in sequence across time according to a plot (White, 2003). How the events are woven together generally determines the meaning we create.

When stories are constructed, people select events to fit either what they want to highlight, or in line with the dominant story. Often when they visit social workers, the events families have excluded are the positive times and they only focus on episodes that highlight the problematic plot. For example, a family I worked with told me about their son, Paul (not his real name), who was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Paul had twin brothers who were both born with severe disabilities. One of the twins

died nine months before our first meeting. Paul also has an older brother and sister. The story told about him focussed on his inability to sit still, his lack of attention at school, the struggle his mother and teachers had with him, and his anti-social behaviour. The initial referral was made because of concerns about his mother Dianne's (a pseudonym) ability to parent him and his violent behaviour towards his brothers and sister (threatening them with an axe). Paul's understanding was that he had to attend a school for children with ADHD because none of the teachers at his previous school wanted to work with him. These negative descriptions gave prominence to the negative plot and started to dominate his life. The story told by the referrers about Dianne, a single parent, saw her as a failing parent only barely able to cope with the help of anti-depressants.

Narrative therapy views people's lives as multi-storied, with various stories happening simultaneously. These could be stories about the person or their family and community, about the present, the past, or the future. These broader stories we live in are formed and informed by the broader community and culture around us, which affect the meaning we attach to events (Kerby, 1991). This includes meanings attached to gender, sexuality, race, social class, religion, disability, and the many other ways in which society distinguishes between people. Waldegrave *et al.* (2003) highlighted this best when they noted:

> "Many families were approaching our agency for therapy with problems which were not intrinsic to the family, but imposed by broader social structures. These included: families where members were unemployed; those living in inadequate housing conditions; the victim survivors of abuse; or cultures that were marginalised by the dominant culture. ... We realised that the problems these families were bringing to us were not the symptoms of family dysfunction, but the symptoms of broader structural issues, like poverty, patriarchy and racism. We, like most

> other therapists, were treating their symptomatic behaviour as though it were a family problem and then sending them back into the structures that created their problems in the first place. We recognised that we were unwittingly adjusting people to poverty or other forms of injustice by addressing their symptoms, without affecting the broader social causes." (Waldegrave *et al.*, 2003: 3-4)

Thus, we need to be sensitive to the political context in which our interventions take place and pay careful attention to the stories society tells about people. Taken to its logical conclusion, therapy has to become a political action.

3.2. Theoretical Influences

In this approach to narrative therapy White is strongly influenced by three authors in particular, namely Lev Vygotsky, Jerome Bruner, and Barbara Myerhoff. To understand his approach it is important to consider how their writing relates to this form of narrative therapy.

3.2.1. Lev Vygotsky.

Vygotsky studied the social and language development of children. Three of his ideas are of particular relevance. The first is that social interaction has a significant role to play in the development of understanding and the use of language. All learning happens firstly in a social context and secondly on an individual level (Vygotsky, 1978). When children learn on their own they are only able to achieve a restricted or primitive level of development. Vygotsky (1978) referred to the difference between the level of development that can be attained when children are on their own, in contrast to when they are in the company of peers and adults, in terms of the zone of proximal development. It is the task of adults to provide children with a scaffold or structure within which

to explore higher levels of cognition and understanding in this zone of proximal development. It is this third concept of scaffolding that has played a major role in how both Bruner (whose work will be explored shortly) and White developed their theories of understanding.

3.2.2. Barbara Myerhoff

Myerhoff was an anthropologist who coined the terms *definitional ceremonies* and *re-membering* (Hedtke, 2002; White, 1995; White, 2000a). She studied a group of elderly, poor, and socially isolated Jewish residents of Los Angeles and made sure they did not disappear into oblivion by assuring them there was an audience to listen to their stories. Myerhoff (1982) used the term definitional ceremonies to describe these actions. In this way, these older people made the opportunity to reclaim their lives and stories, thus reclaiming their histories, and sometimes even making them up.

Our stories are formed in collaboration with others both in their capacity as role players and as the audience or outsider witnesses. This public setting provides recognition and credibility to our stories and is essential to acknowledgement of our identities (Myerhoff, 1986). In this process we see ourselves through the eyes of others and their conclusions have a profound influence on the assumption we reach about our own stories. Because of the many people who pass through our lives, there are many possible conclusions we can reach (Smith, 2004). These various possibilities are central to how we approach therapy.

3.2.3. Jerome Bruner

Just like Myerhoff, Bruner (1990) was strongly focussed on our need to establish meaning:

> "It was, we thought, an all-out effort to establish meaning as the central concept of psychology. ... Its aim was to discover and to describe formally the meanings that human beings created out of their encounters with the world, and then to propose hypotheses about what meaning-making processes were implicated. It focused on the symbolic activities that human beings employed in constructing and making sense not only of the world, but of themselves" (Bruner, 1990: 2).

Thus, the creation of meaning is not situated in the individual, but rather in the interaction between people. White (2003) was strongly influenced by Bruner's idea of *intentional states*, an idea that focuses on the beliefs, desires, dreams, and hopes that people may hold rather than on a quantifiable understanding of reality. These intentional states represent the opposite of a problem-focussed description of people's lives and, to me, constitute one of the most fundamental distinctions from other therapies.

Bruner (1991; 2004) highlighted the role of a narrative understanding as distinct from a paradigmatical, or logical or scientific understanding. He developed the idea that our thoughts are structured in stories, arguing that we describe and live through our life stories or the autobiographies we tell. A reciprocal relationship exists between the stories we tell about ourselves and these stories that, in turn, live us, but our understanding of the world is also determined and influenced by the culture in which we live (Bruner, 1966). Culture provides a frame in which we use and learn to use language (Bruner, 1983).

Bruner was strongly influenced by Vygotsky and, like him, also focussed on children and their development. He studied the process through

which children develop the ability to use language (Language Acquisition Support Systems). The basic idea for Bruner was that adults provide a scaffold or framework for children as they develop their language skills. As children become more competent, adults can gradually withdraw their support and let the children take on more responsibility (Bruner, 1983).

Vygotsky, Myerhoff, and Bruner share specific ideas that have informed narrative therapy. The most notable is the central role that others have in the way we learn about the world and how we reflect on it and on ourselves. Our identities are not formed in isolation, but in our interactions with others in a specific cultural context. Identity is therefore not seen as located in the individual but rather as something both in the individual and in the interaction between people.

3.3. The Five Basic assumptions of narrative therapy

White (2003) highlights the 5 basic assumptions that this new way of working is based upon. They do not contradict or replace those mentioned in chapter two (the ideas of Foucault, feminism, and the importance of language) but rather expand on these.

3.3.1. Life is multi-storied

The negative plots others tell about them dominate the stories service users bring to the therapist. They feel trapped in these negative, single-dimensional stories from which the happy or sparkling moments have been erased and all that remain are the elements supporting problematic

conclusions (Freedman & Combs, 1996). We need to remember that these initial stories are not a total account of life, but of only one possibility.

People also have fixed ideas about their own identity, based on the dominant stories imposed on them by society. When we tell our stories, we try to do so in such a way that these accounts will be acceptable to the audience listening (Gaanzevoort, 1993). Adults may regard themselves as being bad or incapable and children may think about themselves as naughty or stupid (White, 2002). In the example of Paul and Dianne discussed earlier, I was initially given the dominant plot. The diagnosis of ADHD robbed Paul of his personal agency. The diagnosis ignored the reality that people are multi-skilled, and it privileged events that were supportive of the negative things people said about Paul. The more the professionals paid attention to such negative stories as his violent behaviour, his mother's inability to control him, and their hypothesis that part of his behaviour was due to him grieving for the death of his brother, the more other events that did not support this dominant plot were excluded. This was a thin description of his life (Morgan, 2000). It did not allow for the complexities of life and was created by others and presented as the truth about him, oppressing the alternative positive stories that were never listened to. I later learnt that he had a notably close and caring relationship with his surviving younger brother who had various disabilities, and for whom he acted as a carer. Many of the children in the local community regarded Dianne as someone they could talk to because she understood them, even though the professionals regarded her as confrontational and difficult to work with.

Our task is to look for these alternative stories in order to find a richer and more complete description, but it has to be understood that our goal is not in any simple sense to reframe (perhaps politicians would use the word 'spin') the lives of people by praising, pointing out positives, or emphasising the positives, as clearly happened in the narrative modes suggested in the previous chapter. We are only there to open doors or opportunities to alternative stories (Smith & Nylund, 1997). By accessing these alternative stories, such as Paul's ability to care for his brother and Dianne as an understanding listener, people come into contact with accounts that contradict the negative conclusions or thin descriptions they have reached about themselves (White, 2004). This does not involve contradicting what people say, rather looking for alternative stories. The scope of things or events to look for is not limited to actual events. It can include imaginary friends, dreams, a close relationship with a pet, or specific abilities (Carey & Russell, 2003).

3.3.2. People are multi-skilled

White (2004) asserted that people's lives are a series of stalled initiatives, and that more than 97% of the initiatives people take are stalled and never go anywhere. It is only the remaining 3% of initiatives that are honoured. The therapist's task is to unstall the vast majority of initiatives. Most often people approach social workers or are approached by them to help with solving their problems. This narrative framework works from the premise that they already have the skills available to solve their own problems but that, for various reasons these skills may not be available. The therapist can help to establish the conditions in which people can get in touch with the skills they

have used and the initiatives they have taken in the past by exploring times when these skills and initiatives have been manifested.

3.3.3. Scaffolding analogy

To help people explore their stories and the alternative meanings available in them we need to build scaffolding. This analogy is based on the ideas of Vygotsky and Bruner discussed earlier. The stories people tell us are like a multi-storeyed building. The various floors do not have doors or stairs and people feel trapped on the ground floor (representing the single-problem-oriented story), unable to access the other floors (White, 2003). A scaffold is constructed on the outside of this building to provide access to the other floors. It is built by asking specific questions that explore the intentional states, such as the hopes, dreams, values, and commitments people hold. These represent the different floors of the building.

3.3.4. Position of the therapist

It is suggested that there are four possible positions from which a therapist can work in interactions with a family (Carey & Russell, 2003). The first position is that of being centred and influential. In this, therapists intervene, guide, and teach people what to do or not to do. Diagnosis, the formulation of hypotheses, and the exploration of the root cause of the problems are some of the key skills workers need to have in this position. The second position is being centred but non-influential. From this position the therapist is central to what is happening, but neither family nor therapist has any idea why, where they are heading, or what they are trying to do.

The third position is being de-centred and non-influential. In this, workers feel helpless and not sure what to do, often having feelings of hopelessness about their own role and the future of those coming to them. The last position is that of being de-centred and influential, in which the worker is not there to make judgements about people's lives nor to provide advice, applaud, formulate hypotheses, or diagnose. The focus is on the knowledge and skills of the service users and on exploring the alternative descriptions or stories that have been drowned out by the dominant life stories. To achieve this focus, selected questions are used to thicken the description people give of their lives. This latter position is the one the therapist has to work from because it enables the exploration of a more complete description of life stories which is different from the view taken by systemic and structuralist therapist's.

3.3.5. *Surface-Depth Distinction*

Both in practice and theoretically it is important to distinguish this approach from systemic and structural ways of thinking. In narrative therapy we are not trying to look for root causes, explanations, or diagnoses for behaviour. We are trying to step away from the *surface-depth analogy* (Carey & Russell, 2003). The surface-depth analogy is often associated with a structuralist or Freudian emphasis on finding the root cause, or with *onion-description,* in which we can get to the truth by peeling away the various layers of the onion until we get to the centre. The problematic behaviour with which people present is seen merely as the symptom of some deep-seated problem. Problems and people are regarded as having a structure or as

forming part of a structure. To identify or diagnose these core traits, we use questionnaires or diagnostic tools to try to measure personality traits or skills, such as parenting skills (Smith & Nylund, 1997). Psychology introduced the idea that people have needs and personality types, and that relationships have specific communication patterns and characteristics. Typical sayings that stem from these understandings are: "My actions are the result of my abilities ... My human nature is determined by ... We had a communication breakdown." (Bird, 2001: n.p.). These structuralist ways of thinking are also influenced by capitalism, forcing people to look at themselves as economic units. For example, people start to look at themselves in terms of strengths and weaknesses and of having to capitalise on their strengths and eliminate their weaknesses (White, 2003).

These psychological and capitalist ways of thinking, or internal understandings, as Bird (2001) referred to them, are not the only possible ways of looking at our understanding of life stories, but many of these metaphors for comprehending the world have been regarded as if they were unproblematically factual. However, it is important to recognise the limitations of these understandings. In particular, they reflect a Euro-centric conception of the person and are not necessarily helpful when working with people from diverse communities, where interconnectedness and communal values are emphasised (Freedman & Combs, 1996; Wingard, 1998).

In contrast, narrative therapy, whose focus is on intentional understandings rather than personality traits (White, 2004), highlights intentions, hopes, dreams, commitments, and values. If our understanding and conversations focus on these, the emotional or psychological pain that

follows a traumatic event gets a new meaning. The psychological pain we see is no longer best conceptualised as representing something inside the person, but instead can be seen as a *testimony* to someone's internal states, and reflects what is important for them and which might have been violated (White, 2005a).

3.4. Maps

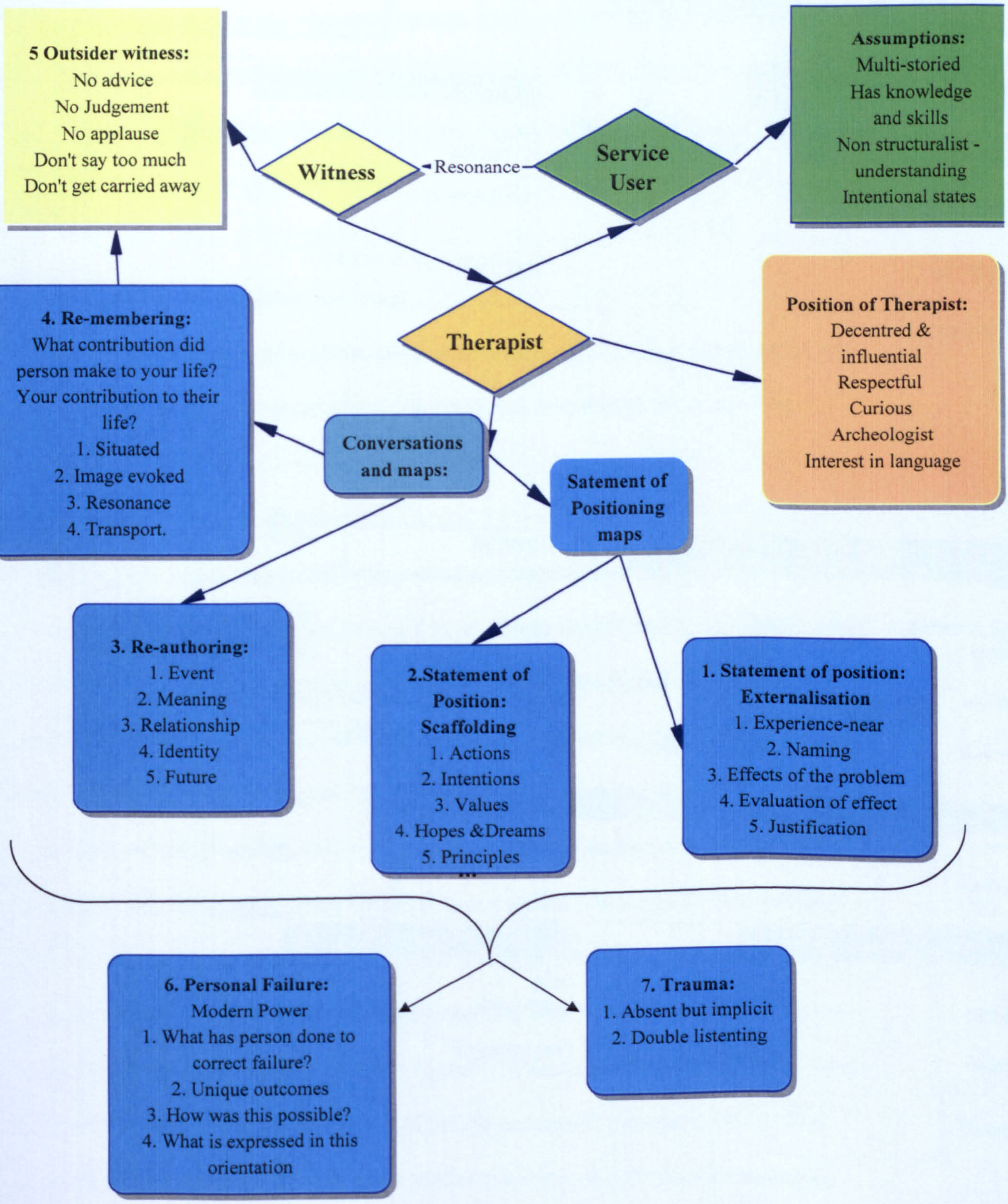
The five notions discussed at 3.3.1 to 3.3.5 above are implemented through maps which act as metaphors for possible strategies to guide workers in exploring the stories people tell them. The first yields the statement of positioning map that is broadly the same as the process (discussed in the previous chapter) of externalising the problem, looking for the landscape of action, the landscape of consciousness (identity), and the unique outcomes. Recently, White (2004) has begun to refer to unique outcomes as *initiatives* rather than as a landscape of identity, because this represents something we can respond to, and points to personal agency, acknowledging that people have taken action in the past with a specific motivation.

Once the unique outcomes or initiatives have been established, we move to the map of scaffolding (second map), where people's values, norms, hopes, and dreams are explored. Then follows the third map, re-authoring, where a new preferred storyline is created. The fourth map deals with re-membering conversations. Here we choose who has what role in our preferred life story. Because our stories and meanings are created socially we need an audience to acknowledge the new story and identity. This is map five, concerned with outsider witnesses practices; this is where the outsider

witnesses and reflective teams come in. The last two maps make use of the previous five. Map six deals with personal failure and seven with trauma.

Although the scope of this thesis does not allow for a complete exploration of all the maps, I would like to briefly explore these. Perhaps a more innovative way of looking at this approach is to look at the people involved in therapy. Figure 3.1 illustrates this perspective. This notably helpful perspective was developed by a group of practitioners after the narrative therapy conference in 2003, and has, as far as I know, not yet been written down anywhere. Unfortunately, I do not have any of the names of the group of practitioners to give them the credit for their work. This figure links the people involved with the various maps that will be explored in the forthcoming discussion.

Figure 3.1. People and Maps in Narrative Therapy



This illustrates the importance of seeing the therapeutic process as a journey guided by the various maps. The maps should not be seen in a dogmatic sense as a step-by-step model. They act only as a rough guide through various conversations and point to areas where we have to stand still and pay more attention. The following discussion will explore Map 1 in more detail.

3.4.1. Statement of position map

The statement of position map is actually split into two separate maps, namely the map of externalising conversations and the scaffolding map.

3.4.1.1. Externalisation

This map draws a distinction between the person and the problem, and the questions that follow are referred to as "Distancing Questions" (White, 2003: n.p.). This separation is achieved by naming the problem and looking at its meaning, or what is also referred to as an experience-near or non-structuralist understanding of it (Mann, 2002). This moves the service user from a position of saying, "I'm not able to do this because I'm not clever enough," or "He cannot sit still in class because he has ADHD", to a position where the therapist may respond to the above two sentences by asking such questions as, "So these doubts are preventing you from doing this?", "So the ADHD keeps you from sitting still in class?", "What does the ADHD do to your parents?", and "How do you know ADHD is present?" (Morgan, 2000). The way these questions are structured works from the assumption that people

are the experts on their own lives and that they already possess the skills to solve their own problems (Smith & Nylund, 1997). These skills and this knowledge may not be immediately visible because they are hidden by the dominant problem-oriented story.

Once the problem has been identified and separated, the goal is to map its effects by focussing on the context that gave rise to it (beliefs that the family may have held, or beliefs in the wider community about women, children, racism, and so forth), the history of the problem (When did it start? Where did it start? When did the problem come into your life?), and the wider effects it has had on various areas of life such as work, school, and relationships, and what the problems are trying to tell the family about – for example, their hopes, dreams, and aspirations. Any specific situations or beliefs that may have given rise to the problem are explored (Monk, Winslade, & Epston, 1997). These questions focus on the process of recruitment into the dominant problem-oriented story and are not designed to establish a cause-and-effect relationship.

In the third phase these effects of the problem are evaluated by asking what the person feels about what the problem has done to their lives, using such specific questions as, "How do you feel about the damage ADHD has caused to your relationship with your friends?" The last stage is to look for a justification of the evaluation the person has provided (Nylund, 2000) by exploring the motivation for the assessment given in the third stage. Once this has happened we look at what this says about the participant's values, beliefs, and purposes.

In contrast to the model suggested in the previous chapter, the goal is not to identify and kill the problem, something I had actively promoted previously (Weich, 1995). The goal is to change the relationship people have with the problem. The statement of the positioning map helps service users to explore the relationship they have with the problem and provides them with a space to explore their own views of it (Russell & Cary, 2003).

Externalisation moves the conversation gradually from the known and familiar to what it is possible to know about our life stories as we move through the aforementioned steps, building on the idea of Vygotsky's zone of proximal development (White, 2004). It often happens in the process between the identification of the problem and its being named that a new, more prominent problem is found, or that the identity and thus the name of the problem changes. It is a process of development and people have to be allowed to change these as required. The identity and name given to the problem have to be acceptable to them and should provide what they can agree to be an accurate description.

3.4.1.2. Scaffolding

We accept that problems are not in control of all aspects of the service users' lives and that they have alternative stories that do not get the attention they deserve. The goal of building scaffolding is to look for these alternative stories and the ways people prefer to live their lives (Muntigl, 2004). It builds on the principles laid down in the discussion of scaffolding, as suggested by Bruner and Vygotsky. The focus is on hopes, dreams, values, intentions, principles, and commitments, or a non-structuralist description that the

alternative stories can illustrate (Morgan, 2000). This interest will help to explore the other floors of the building by providing the scaffolding on its outside. To achieve this we follow a specific process which provides small incremental steps by which to move upwards in the building.

Once the problem has been externalised and named we start with exploring the times, events, or moments when the problem was not dominant or when the family took some initiative against the problem, referred to as the unique outcomes or events (Epston, 1998; Monk, *et al.*, 1997; also see discussion in Chapter Two, 2.8.2.4). Once an event has been identified, we could ask such questions as, "What does this event represent? Have you seen anything else that would be a representation of this development?"

Once an event or action has been identified and the metaphorical foundations are laid, we start the process of building the scaffolding. The first step, in the spirit of a non- structuralist understanding, is to explore the intentions that the event, action, or initiative represents. This is followed by the second step, which is to look at the values highlighted by the first step. Values, for the purposes of this process, are defined as ideas about the world that are important to us (Carey & Russell, 2003), and they are revealed by asking such questions as, "What is it that is important for you?" and "Why is this important for you?" (White, 2005).

This is followed by looking at hopes and dreams through the asking of questions such as, "How does this value fit in with the dreams you have for the future?" The fourth step is to look at principles through such questions as, "What does that reflect about the principles you hold?" and "What does this say about how you think life should be?" Carey and Russell (2003) defined

principles as the beliefs that we hold, but that we do not always act on. Our values are often things that are held as valuable by many other people as well, but principles tend to be more personal. The last action (step five) is to look at commitments, the things that are important to us and that we stand for in life.

The process described above is not linear and we often have to move up and down between the values, hopes, principles, and commitments, ensuring that each level of the scaffold is secure and that the family feels confident on the higher level. Scaffolding is not about defining universal truths, but rather about a richer description of the localised workings of people's lives. Once we have reached the top floor of the building, it is possible to have an eagle-eyed view of our lives, re-evaluating the past, present, and future. However, because we do not normally live our lives from the top floor, but rather by the everyday actions at the bottom of the scaffold, it is important to relate the commitments to practical aspects of life.

3.4.2. Re-authoring map

The principle behind this map is to link all the isolated or seemingly singular times when the problem was subverted in order to create a new or preferred story. These moments that do not form part of the dominant or problem-oriented story are referred to as *sparkling moments* (Carey & Russell, 2003a). When seen in isolation, the sparkling moments do not in themselves make a new story, but linked in sequence across time according to a new theme or plot, they become a new and different story. People are asked to give a name to these new positive stories. Re-authoring is thus

broadly the same process as the externalisation of the problem, but in reverse.

What is central to this process is that service users have to be able to link sparkling moments to their meaning. To achieve this we make use of the concepts of landscapes of action and identity discussed in Chapter Two (2.8.2.1. Questioning), together with the landscape of action, looking at the actual event (sparkling moment), what happened, when, where, etc., and the landscape of identity or initiatives, looking at the meaning of the event (Epston, 1998).

The mental picture I have of this process is that of going backwards through time. When I locate a sparkling moment, I first explore the landscape of action using such questions as: What happened? When did it happen? Where were you when this happened? These questions represent the foundation of the building around which I will be building the scaffold. Once I have a clear picture of the landscape of action, I start to explore the landscape of identity to understand the meaning of this event. We now start with a process of exploring the building. For example, Paul, who was labelled as having ADHD, might name the new quality or skill we have explored (caring for his brother) as "caring" or "helping". The times in his life that he has been able to use caring or helping are explored and linked to the preferred story. Other occasions that are linked are the times he was able to control his temper and the ADHD. These two storylines contradict the negative one.

The principle of scaffolding is used when we explore the landscape of identity. White (2003) referred at this stage to distancing questions. For a

more complete discussion of the various questions used to accomplish distancing, see White (2005) and Carey and Russell (2003a).

When the landscape of identity is spoken about, people tend to reflect on structuralist conclusions about themselves and look at their needs, resources, potential, strengths, and so forth. These are not helpful and do not provide the ideal basis for moving forward. The challenge is to start building a non-structuralist perspective focussing on their hopes, dreams, values, and commitments (White, 2005: 11). In contrast to the structuralist understanding, in which the personal agency has been removed, the new storyline will return personal agency because it provides the foundation on which to build responsibility for what is happening by exploring the initiatives taken in the past.

In summary, this process is about getting a new life story in which the problem has been externalised while the new perspective is internalised and replaces the old.

3.4.3. Re-membering conversations

The hyphen is in the title for a reason. When we evaluate our stories, we have the opportunity to re-evaluate the people who are part of our life story or who are part of what we tell about ourselves. The concept of re-membering conversations is built on the work of Myerhoff (1982; 1986) discussed earlier. It is also built on the idea that identity is not seen as an individual concept, but as something that is created and formed through our interactions with others (Madigan & Law, 1998). For therapy to be effective, we have to consider the social and community setting for the re-authoring discussed previously. This

process can only be achieved by moving forward the stories that others tell of the service users (Stephenson, Ehmann & Lefever, 1997).

Hedtke (2002a) used the term membership specifically to reflect on the privilege associated with membership that changes over time, emphasising that it is not a birthright to be a member of someone's club of life, which is rather a set of connections that changes over time. This idea clearly presents a usefully powerful concept for working with people who regard themselves as being dominated by others. As their own authors, they are able to determine the role of others. The person whose story is being discussed can decide who is granted membership of their club of life, and whose membership should be upgraded, terminated, or reduced (White, 1998; Russell & Carey, 2002). Membership is not only about the contribution and role of others but also about the role the person has played in the lives of the club members.

Re-membering conversations are normally used when people mention another who has meant much to them, when they mention a skill they have used to deal with a specific problem, or when they present with a negative conclusion about their lives (Russell & Carey, 2002). In the discussions about Paul, identified as having ADHD, and about his mother Dianne, re-membering conversations made a valuable contribution. Dianne spoke of her experiences in childhood, when at the age of eight she had been removed from the care of her parents after her mother had been diagnosed with cancer and her father had struggled with alcohol. She had been placed in a children's home and various foster homes. Each of these moves was further and further away from her mother (whose funeral later she was not allowed to attend) and father.

She was quickly labelled as a rebel and troublemaker because she kept running away to visit her parents.

Later in life, after her children had been born, this label remained. When her twins were diagnosed with severe mental and physical disabilities, doctors and healthcare workers labelled her as non-cooperative and uncaring. When she raised concerns about Paul she was regarded as unable to care. As noted earlier, what was missed was that many of the children on the council estate used to talk to her regularly about problems they had with their parents. Jane, a friend of Dianne's, who attended some of the therapy sessions with her, described her ability to care for the twins, who needed intensive help and support, while at the same time she was looking after the three other children. In contrast, the assessment and focus of social services and health care workers was on her inabilities, and where she struggled to be a good mother.

At the next conversation Dianne identified Jane and her mother as significant people in her life. The focus of the re-membering conversation then centred on her mother, people in the local community, and specifically the young people who came to her for support. We explored what her mother would have thought of her ability to cope under these circumstances, discussed how she wanted and strove to see her parents, and what their view would be of her now. We also looked at what she meant to the children in the local community and how these children raised the money for a horse-drawn hearse when one of the twins died. The conclusions drawn from these conversations were markedly different from the assessment previously made of her as a mother. Instead of looking at her as a failure, these re-membering

conversations highlighted the contributions she made to others and how they could unite around her.

The principles of scaffolding are used to get a thick description of the skill or person identified (White, 2004). Scaffolding starts with an exploration of the known and familiar. In the case of Dianne, we started with what Jane said about her ability to care for her children. The next step up in the scaffold was to explore what Jane and her mother had meant to Dianne, what they recognised in her, and how she saw them doing this. The third phase (an exploration of what this might say about her identity) began by inviting Dianne to explore her own life through the eyes of significant others, in this case her mother, Jane, and the children in the local community. Once this was established, we explored the contributions that Dianne had made to Jane's and her mother's lives by asking such questions as: "What was it like for your mother to see you struggling to maintain contact with her?" and "What is it like for Jane to see you always welcoming her into your home?" This re-established Dianne's personal agency and is significantly different from the focus on her meeting the standards of 'good enough' parenting. The last step was to explore how these contributions that Dianne had made to Jane and her mother may have affected their sense of purpose and identity. In the case of her mother, we evoked her mother's presence by exploring what it might mean to her mother to see how she was caring for her children in the face of adversity.

A final remark on re-membering conversations deals with its use in cases like that of Dianne's, in which a family member has died (both her mother and one of the twins), and when we work with people in the process of

dying. Madigan and Grieves (1997) explored the idea that the current dominant psychological and Western (Judeo-Christian) idea of saying goodbye, going through stages of mourning, loss, and forgiveness, is not always helpful. Hedtke's (2002a) focus is on keeping a connection alive with the person who has died or, as White (1998) suggested, recalling their presence. This concept also rang true from my experiences in South Africa, where both the Sotho and Tswana communities believe it is not only possible, but important to maintain a relationship with one's ancestors. This markedly different view is powerful but challenging to people with a secular Western perspective and who are used to thinking about death as the end of life.

3.4.4. Outsider witnesses, reflective teams, and definitional ceremonies

Just as with re-membering, the concept of outsider witnesses also builds on Myerhoff's concept of definitional ceremonies (see 3.2.2.) (Morgan, 2000; Smith, 2004). Because our identities are formed and shaped socially and in interaction with others, it is important to provide people with an opportunity both to tell their new stories to a significant audience and then to listen to the reflections of these witnesses to them (White, 2004). The outsider witnesses do not have to be professionals. They can be family members, friends, or people who have experienced similar problems in their lives. Their preparation is central to the process and outcome. They have to understand that the conversation is not about sympathy, worrying for people, or even about reflecting or caring. It is about the resonance that the story they are listening to has in their own lives (White, 1995). That the family will be

listening to what the outsider witnesses say helps prevent people, and professionals in particular, from hypothesising about other people's lives.

In some circumstances definitional ceremonies have to be conducted with care. Stephenson, Ehmann, and Lefever (1997) reminded us that the stories told by families are often told in and about oppressive settings arising from the structural inequalities in societies and families in particular. The preparation and composition of the outsider witnesses is therefore important.

A definitional ceremony normally happens towards the latter part of therapy, once a family's members have developed their new and preferred story. Having said this, it is important that this part of therapy should not be seen as an afterthought, or as less important. The conversation is conducted in different phases. During the first part, or the telling phase, the family members are invited to tell their new story during a re-authoring conversation whilst the outsider witnesses listen, only acting as an audience. The telling is followed by the re-telling, in which the outsider witnesses are engaged in a conversation with the therapist, with the family now acting as the audience and not participating in the conversation. White (2004) outlined a set of four questions the therapist asks each of the outsider witnesses: the expressions that the person has used have caught their attention (What struck a chord with you? What did you hear?); the images this provokes (What images of the person does this evoke for you? How did this affect you? What do you think she stands for or what is important to her? and so forth); resonance (What did this touch on in terms of your own life? Were there any specific memories you may have had? Why were you drawn to this?); and lastly catharsis (Where does this take you? Where does this take you in terms of your own ideas

about living?). In essence, this is a process during which the audience starts off with what they have heard and ends with how this has moved them and how what the person has said affects their lives and future. This is clearly a long way away from giving advice or possible solutions provided by groups of professionals behind one-way mirrors.

The second part of the conversation (re-telling) is followed by the family members being given the opportunity to respond to what they have heard. The therapist does this by asking the family to respond to the re-telling. Morgan (2000) highlighted that this ensures that the outsider witnesses remain accountable to the family for what they have said. The last part of this process follows the family's response when they and the outsider witnesses join each other and everybody has the opportunity to reflect on what has been said.

It is not suggested that the above framework is the only way to approach reflective teams. Freedman and Combs (1996) outlined a process of joining with the family, helping to build or support the new story, and helping to deconstruct the problem-oriented narrative. Another alternative is Monk *et al.*'s (1997, see Chapter Five, Leila and the Tiger) highly interesting use of letters as a reflective tool. Although some authors feel reflective teams are not always practical (Smith, Winton & Yoshioka, 1992), I have found them to be flexible and practical tools. In some cases, when working with interpreters, I have used the interpreter or social work assistants as reflective teams. On other occasions I have used students as reflective teams by asking them to write letters to families after watching videos of conversations with them.

3.4.5. Addressing Personal Failure

The map for addressing personal failure has been helpful not only in working with families, but also in providing tutorial support for students. Behan (1999) looked at the application of these ideas in his work with gay men having to deal with homophobia. One of the problems they face is that under scrutiny their relationships do not measure up to what society regards as a 'normal' relationship (Smith, 2004).

White's (2002) exploration of personal failure takes the ideas of Foucault and the understanding of modern power specifically a step further. He summarises his views on modern power as follows:

> "Whereas traditional systems of power operate through moral judgement ... and through structures of coercion, modern systems of power encourage people to actively participate in the judgement of their own and each other's lives according to socially constructed norms ... Whereas traditional power acts through institutionalised moral judgement to prohibit, to limit, to restrict, modern power acts through normalising judgement to constitute life – that is to form lives, to fashion lives, to shape lives, or to manufacture lives that reproduce the constructed norms of contemporary culture. In participating in this normalising judgement, people are active in the policing of their own and each other's lives, and are deeply implicated in the mechanisms of social control that are characteristic of modern power." (White, 2002: 43)

Through this process, the spotlight of power is not on the larger systems of power, but on the individual who is coerced into self-policing according to the values, norms, and standards laid down by society. By trying to measure up to these standards we feel our lives are visible for everyone else to compare with the standards of what is regarded as normal on such continua as good-to-bad, competent-to-incompetent, and so forth (Madigan & Law, 1998).

Narrative therapy is not interested in the ideas of empowerment emphasised in social work specifically, but in the skills people have to subvert modern power or to look for counter power. Because modern power is regarded as being everywhere, so too is people's potential for rebellion or counter power. White (2002) suggests that it is our task to search for the times when people may have rebelled against the practices of modern power.

In mounting this attack on modern power and the idea that people are failures because they do not measure up to the standards of being good enough, or competent enough, the strategies discussed in the previous maps, namely externalisation, scaffolding, re-authoring, re-membering, and definitional ceremonies, are deployed. The process starts by searching for a time or event that illustrates where people rebelled against the ideas of modern power or personal failure. For a complete analysis of modern power and the applications of these ideas in therapy, see White (2002) and Parry and Doan (1994).

3.4.6. Trauma Maps

During my time as a social worker in South Africa I did some voluntary counselling for the Truth and Reconciliation Commission (TRC). This commission was established to deal with the abuses of the Apartheid regime and the acts of terrorism against civilians by the Security Police in particular and also by the various liberation movements. On both sides of the political divide were stories of people who had lost loved ones, family members who did not know where their relatives were, or who had suffered from torture whilst in captivity.

With the training I had received at that time my main emphasis was on providing a safe space for people to talk about their experiences of trauma, requesting them to go into the details of what had happened and their feelings at the time. My views were informed by what White (2000a) referred to as a structuralist perspective, in which experiences of trauma and the feelings associated with these experiences are seen as a cooking pot, and the task of the therapist is to provide an outlet for these feelings to relieve the pressure in that cooking pot (White, 2005a). I am convinced in retrospect that this approach was more damaging than helpful because the main focus from a structuralist perspective is to revisit these events again and again, thus repeating the experiences. The same is true of cases where I worked with the victims of domestic violence and sexual abuse.

The approach narrative therapy takes to dealing with trauma is influenced by Derrida's concept of the *absent but implicit* (White, 2000a; 2003a). The assumption of this principle is that every description contains two sides, one of what is said and another of what is not said but implied. When people tell us about the emotional pain they have experienced, they are not only telling us about their experience of pain. It is our task to "double listen" (White, 2000a: 41). We are not only listening to the stories of psychological pain. We are also listening to pain as a testimony to what people hold as precious that has been violated by the trauma. These include the purposes people have for their lives, the values and beliefs they hold, and their hopes, dreams, or visions, and so forth.

Once again we are listening for a non-structuralist understanding of what the pain represents in an absent but implicit way. By repositioning the

conversation and person to talk about these absent but implicit values, we create a safe space to explore what the trauma represents without re-traumatising people. Once this has taken place, many of the maps discussed previously can be utilised, as we can build a scaffold exploring the alternative meanings that the hopes, dreams, and values represent, connect the various events through the process of re-authoring and, importantly, provide an audience who will listen to the new and preferred story. For a detailed discussion of this, see White (2000a, 2003a, 2005a).

3.5. Summary

To summarise the difference between the model proposed in the previous chapter and the current model is to compare apples with oranges. Although some of the starting points may be similar, the two approaches are very far apart. The account of the model given in the previous chapter focussed on externalising the problem and then deconstructing or even killing it. The goal now is to externalise the problem, because the problem should not define someone as a person. Once externalised, we look at establishing a relationship with it. The times when the problem was not dominant, and the meaning that these times have, are explored by using scaffolding. The various times are then linked in sequence across time to form a new storyline in the process of re-authoring. Because our stories and identities are seen as formed in the context of our culture and other people, it is important to provide an audience to listen to the new story. The author of the story has the right to decide who plays what part in their future story and membership of this club of life is seen as a privilege. Modern power is critically important to consider, as

it is evasive and not always clearly defined. We recognise that people are forced to compare themselves with the standards set by society of what it is to be successful or good enough and that an implicit responsibility is placed on people to police themselves to meet these standards.

Lastly, when we listen to the pain people bring to us, we need to double listen, not only for the pain but also for what is absent but implicit in the pain, namely that people experience pain because what they hold precious has been violated.

The value of this approach is difficult to define, yet it has greatly transformed my practice as a therapist. It provides for a different way to proceed, away from a diagnostic or fault-finding analysis. The concepts and terminologies provide for a means to understanding life which is accessible to people who do not have expert knowledge and skills. It is these ideas that make this way of working appealing to me. Thinking back on the families I have worked with, I wish I had carried this knowledge before starting to work as a social worker.

Chapter Four

Research design and methodology

This chapter seeks to explore the research design applied for this study, looking at the constructivist perspective, which guided the planning process, the position of practitioner researcher and the process and procedures used during the sampling and data collection. It will also explore the initial theoretical perspectives considered for the process of data collection and why these were not selected. It will be followed by chapter five in which the theory and application of antenarrative theory during data analysis will be explored in more detail. Although I originally planned to have all of this in one chapter, dividing this in two chapters is a more accurate reflection of the process or journey of discovery.

When looking at a possible methodology for this study the following principles were used to guide the decision-making process.

The methodology must be able to yield data which will provide an answer to the research questions, namely, can an antenarrative methodology be used to illustrate changes in the stories of families in order to assess the outcome of narrative family therapy, and can this methodology be used to track both grand and micro narratives? It should also be able to indicate this in such a way that other researchers can verify it.

The design of the study should conform to the nature of social work practice with families in a typical social work setting. As far as possible, this

research will be conducted from a naturalistic perspective. For the purposes of this study, the term naturalistic refers to a research process that closely resembles the tasks undertaken by social workers in their work with children and families, with as little influence as possible on the setting from the research process. Social workers should, thus, be able to utilise the methodology, or a simplified version thereof, in their practice with families in order to evaluate if change has taken place. Although the design has to be practical, it will also have to conform to the standards laid down by De Montfort University and the broader scholarly community which doctoral-level work requires.

During the emergence of family therapy as an alternative to individual therapy in the 1950s, a great deal of research was undertaken (Baldwin & Huggins, 1998). Little was published after the 1980s. By that time the enthusiasm for family therapy appeared to have diminished. In the view of Baldwin and Huggins (1998), this was due to a lack of outcomes-based research and a break with the medical profession. Until 2003, little research had been carried out to define an approach for assessing the effectiveness of narrative therapy (Baldwin & Huggins, 1998; Besa, 1994; Etchison & Kleist, 2000; White, 2003). A reason for this was the association of narrative family therapy with constructivism, leading to difficulty in carrying out research that compares interventions with control conditions and elicits quantitative measures of the outcomes. This kind of approach, however, is not a pre-requisite for outcomes-based research. Rather, this approach can shed different and new light on families that have in the past mainly been understood from a bio-medical perspective. Also, it is questionable if family

therapy will gain prominence merely for its association with the medical and positivist agenda for research and practice.

Since 2004, various studies have been published focussing specifically on the perceptions of service users and how they define the changes that have taken place in their lives (Gaddis, 2004; Ingram & Perlesz, 2004; Redstone, 2004; Crocket, 2004; amongst others). These authors take a reflective stance in the design of their studies. This position provides for seeing people as co-researchers, the definition of change and the process of achieving change being perceived by the families. Although a reflective stance has been a primary consideration in the design of this study reported in this thesis, these publications were all published after the design and data analysis had started.

4.1. The Constructivist Approach to this Study

A constructivist approach to research will have specific implications for the research process (de Vos, 1998). From an ontological perspective, those who experience something personally are the only people who can know that reality. Therefore the stories that families tell are regarded as true, or a reflection of those families' truth. We cannot discover knowledge and truth (epistemology) through a process of quantitative research (Gergen, Massey, Bogazici & Misra, 2000; Waldergave, 1990). In this view, knowledge and truth can only be constructed in partnership with the participants in the research. That is why it is important to explore ways of ensuring that the families are provided with opportunities to reflect not only on the therapeutic process, but also on the analysis of the researcher. The goal of involving service users in

the process is to ensure that the observations are not merely the researcher's observations but are also the observations of the families.

However, due to various changes that have taken place in my personal circumstances, it has not been possible to stay in contact with the families that were involved in the original study as planned at the outset. As with all family therapy sessions, the topics dealt with and the information provided by the families are highly personal and often remind people of painful events in their lives. After obtaining the views of experienced therapists it was felt that going back to them would not be appropriate, as it could remind them of experiences they may have wanted to leave behind. In light of the ethical considerations I decided not to seek a reflection from the families as part of this study. It is acknowledged that a reflective stance should be regarded as a highly important and central pillar of all narrative research (Gaddis, 2004; Redstone, 2004). By incorporating the original videos in the analysis of the data, the role of practitioner-researcher (to be discussed shortly) and keeping the experience I had in the original telling of the story in mind, I hope to honour their stories.

During the process of talking to the families and exploring their stories, a therapist is involved in the telling and creation of alternative stories. The therapeutic process is a collaborative process in which the emphasis should be on the personal agency of the service user and not on a specific method or model. The cultural, gender, political, and spiritual dimensions of people's lives require specific consideration in this meaning-making process (Larner, 2004). This study supports the constructivist view that the voices of people should not be ignored by looking at de-contextualised laboratory behaviour

(Burr, 1995). In order to be effective in such research as the current study, situated as it is to a great extent in the realm of linguistic structures, the ways and definitions through which knowledge is generated have to be reclaimed by researchers (Polkinghorne, 1988). Family therapy and the process of change are not easily subject to scientific experimentation. The controversy about what is regarded as evidence is a political and economic argument. It is determined not by what is or is not evidence per se, but rather by who controls the definition of evidence (Larner, 2004). As stated in Chapter One, due to the very nature of family and narrative therapy, it is not possible for us to adhere to a medical or positivist notion of evidence. Showing that change has taken place has to be undertaken from a constructivist view of the world. The design suggested here will not meet the standards prescribed for a positivist study.

Within constructivism, the problem of neutrality is recognised and also planned for. It is a position that is problematic for all researchers, since all have a specific cultural and political view. There is not just one reality or interpretation, but multiple realities and interpretations. This gives more importance to the process of data verification.

In my previous study, I explored the use of narrative family therapy in a transcultural setting (Weich, 1995). In hindsight, the methodology used in that study lacked a clear foundation in constructivism, and merely attempted to analyse the data received by broadly looking at the link between the therapeutic process proposed and what happened during the sessions. This stimulated further interest on my part, not only in the field of narrative therapy, but also in the principles of constructivist reasoning in the field of therapy and research.

4.2. THE POSITION OF PRACTITIONER-RESEARCHER

One of the main motivations for my interest in narrative therapy was a growing sense that social worker colleagues were able to give their own interpretation of what was happening in families, but did not know how to help them to establish the changes that they might have wanted.

After moving to the United Kingdom for the purpose of this research I soon realised that UK social workers do not use family therapy. The same is true of other professions, such as psychiatry and psychology (Larner, 2004). In the field of children and families, social workers said they were not trained to do it. Those who had training in this field found it difficult to implement in the sphere of child protection, a view shared by Robinson (1990). In contrast to this, family therapists form part of the child protection system in the American model (Briere, *et al.*, 1996; Willis, Holden & Rosenberg, 1992). Family therapy in South Africa forms part of the training of social workers and is employed more regularly in working with children and families, and child protection in particular.

I was initially reluctant to accept this situation, but soon realised that in the minds of service users, social workers were not always seen in the role of therapists. One of the major reasons for this is the fear on the part of families that social workers have to report back to Child Protection Conferences and that what they say will be analysed and used in a way they did not intend. Some service users expressed the view to me that the goal of social workers (in Child Protection Teams) is to remove their children. The workers themselves quite often spoke of the expectation that they were the 'social police' of good values and norms in relation to child-rearing and parenting,

echoing the concerns of Donzelot (1980) and Foucault (1980). It was only a notably small minority of families that showed any form of interest in therapeutic help from social-work sources. This issue will be elaborated on further in the discussion of sampling procedures. Suffice to say at this stage that it re-emphasises the importance of addressing the power dynamics between social workers and clients. To address this, efforts are made in the prevent study to ensure that the views of the participants are regarded as having the same authority as those of the researcher. This provides for a reflexive relationship in which the participants should have the opportunity to evaluate the interpretations of the researcher.

My position in a Local Authority child protection team at the time of commencing the research made it difficult to obtain an adequate sample for the study because most of the families referred to me were on the Child Protection Register and had numerous other professionals involved. In order to bridge this gap, I worked as a volunteer at a charity with children and families referred by Social Services. The sampling procedures and detail of the sample will be discussed in more detail in section 4.3.2. (Sampling). Midway through the sampling, I took a new job in a different local authority, but continued to work at the same charity. Towards the end of the process I took up a position as a lecturer in Social Work at an academic institution.

At the onset of all the first interviews, I made it known to service users that I was also a social worker for the local authority or, after moving to new employment, that I worked for an academic institution currently doing research. Even though they were clearly aware of this, and that most of my referrals came via the local authority, with some of the social workers saying

to the service users that I was a colleague, families were more than willing to discuss matters with me in a way that had no resonance with the discussions that I normally had with service users in my work as a child protection worker. What makes this more startling is that I informed all service users that, due to legal requirements, I was obliged to report any child protection issues not yet known to the local authority to their social workers. The separation between the role of child protection worker and that of therapist played a major role in their willingness to be involved in this work.

The work as a volunteer provided me with the opportunity to conduct the research from the position of practitioner-researcher. Although this role is open to criticism from an empirical perspective, it is precisely what is required when evaluating research from a constructivist perspective. Larner (2004) highlighted the problem that the families we work with have lives that are far more complex than the families often selected for research in laboratory settings. The families we work with live with the effects of poverty, unemployment, poor housing, and sexism, and may have been marginalised because of sexual orientation, racism, religious persuasion, or mental health status. The ways in which researchers are either similar to or different from service users is important for the research process and has to be taken into account (Burck, 2005).

The role of practitioner-researcher has specific advantages for the researcher and the service users. De Vos (1998) argued that the best way of becoming an effective social worker is to be knowledgeable about the research process and the ability to apply research skills to social work

practice. The volunteer work provided the opportunity to evaluate the research process in line with de Vos's four roles of a practitioner-researcher.

To begin with, it provides the opportunity to act as a consumer of research. In working with families, knowledge is generated on a daily basis. There is a clear collaborative problem-solving partnership between the practitioner and the service users. During the therapeutic process, the only difference is that the researcher is now taking a more formalised and systematic approach (Chenail, 1992). In a setting where both practice and research are conducted simultaneously, there is a danger that the power imbalance between the participants and the researcher can be abused, but there is a growing trend indicating that the opposite can also be true, namely that the research process, especially in a setting such as this, can become an extension of the therapeutic process and benefit participants (Etherington, 2001). The participants of research normally come to social workers because the professionals have something to offer them. Here the tables are turned; the service users have something to offer us. Too often, however, the stories of service users are not heard and only those of the professionals prevail.

The role of knowledge creator and disseminator (de Vos's second role) comes into play once knowledge is being created by the research and this knowledge is passed on to others. In the collection of data, several training events were presented to the local authority, the charity at which I worked, and a local university. These provided for the role of contributing partner (the third role) by providing alternative or new practice methods. The researcher in this role not only utilises the local community or agencies to obtain information, but provides feedback or other contributions in return. During

training sessions workers were provided with the opportunity to share ideas about best practice. Bringing together these three roles (consumer, knowledge creator, and contributing partner), is the fourth role, namely that of integrator. De Vos (1998) emphasised that researchers who do not adopt all these roles are short-changing themselves and the service users.

Epston (2001) provided an argument that flows from the above, adding an ethical responsibility. Whilst working with families, we become the archivists or librarians of their stories. In this role, Epston (2001) described himself and the service users as co-researchers into the relationships that people have with problems, and through this contribute to the archive of knowledge available:

> "But as co-researcher, as an archivist, you have the moral responsibility of holding onto these alternative knowledges and making them available to others in ways in which your contributions confirm." (Epston, 2001: 180)

Like de Vos, Epston acknowledged a duty to distribute the knowledge we obtain, but in an ethical way.

4.3. Methodology

4.3.1. Design

In a study such as this it is not only the method of data analysis that assists in indicating change in the lives of the families, but also the design used. Because the sample is small and the goal is to analyse the data in detail, the simplest design is a case study, as this allows for a detailed investigation of a single case or of a small number of cases. Because individual families will be studied on a repetitive basis with a form of

intervention involved, the design should be capable of considering the full complexity of families as single systems (Hamel, Dufour & Fortin, 1993). One of the specific advantages of a single-system design is that it allows for indicating change that has taken place over the period of study. This is undertaken by establishing a base-line at the onset of the first therapy session, which is then compared with the last session, either on a continuous basis or only at the end of the last session. This design is referred to as an A-B-A design, in which the first A indicates the base-line, B the intervention, and the last A the base-line at or after the last session. As the sessions were video recorded, the recording of the first session is regarded as the first base line, the narrative family therapy sessions (sessions 2 to 5) as B, and the final session as the final base line. Such an approach may provide the opportunity to highlight change in a naturalistic setting without interfering with the therapeutic process.

In the study for my Master's degree (Weich 1995) the ideal number of therapeutic sessions to establish change proved to be six. This also provided the opportunity to explore the family's narrative properly. These interviews were ideally spaced one to two weeks apart. Having the interviews this far apart is also a better reflection of the frequency with which they take place in a social work setting. It is on this premise that I opted for sessions one and six.

4.3.2. SAMPLING

From the previous discussions in Chapter One (see 1.1 The need for a narrative approach to working with families), it became clear that some local authorities, especially in rural areas, have a need for family therapy, and that

the resources for this service are not freely available. This was also evident in various discussions with colleagues, psychiatrists, and others in the medical profession. These discussions, which formed part of the preliminary investigation, indicated that families would be available for therapy and to be invited to participate in this study.

4.3.2.1. Access to the sample

In the original planning for this study, I aimed to invite the participation of service users and their families who were referred to the local authority's social services and who, in the view of the family and their social worker, could benefit from this form of intervention. Although referrals were received from colleagues and from families, this process proved to have specific ethical implications that made involving them in the research impossible. One of the main problems was that families were almost all registered on the Child Protection Register, with numerous other professionals involved. Also, regular feedback was expected to the Child Protection Conference. Families then perceived the therapy as a way of removing their children's names from the Child Protection Register.

An incident that highlighted the role of child protection within the local authority, was the death of a child whose name was on the Child Protection Register. This forced social workers to focus almost exclusively on child protection procedures and only to consider therapy as a last resort. In these circumstances the emphasis is on protecting the system and the process of decision-making perhaps rather more than on the needs of the family. Thorpe (1994) detailed two reasons why social workers feel anxious about working in

a child protection scenario. First, the agenda for these workers has been dominated by situations where things have gone wrong such as the death of a child. When this happens, the emphasis is on protection and intervention and not on prevention. Second, there have been situations, such as those outlined in the Cleveland report (Butler-Sloss, 1988), in which it was shown that social workers and paediatricians may have acted prematurely. The emphasis on child protection and the atmosphere after the death of child on the register was part of the reasoning for not conducting the study within a Child Protection Team.

This problem is not unique to this study or to social workers in general. Robinson (1990) showed that family therapy is more widely used in specialist units and non-statutory agencies. Moving to an independent charity placed me in the position of being able to refer child protection issues back to the local authority and instead to focus on establishing positive change in families. It was also helpful that the team of workers at the charity perceived part of their work with families to be family therapy. Thus, the ethical dilemma of working in a Child Protection Team and, at the same time, being therapeutically involved with service users who have a negative view of child protection was largely dissolved.

Since many of my colleagues in the local authority were aware of my research and my interest, they regularly referred families to me for family therapy. Child Protection workers made referrals because they felt that I was aware of the problems that they experienced. On several occasions it had to be explained to them that I was not willing to do assessments of families merely for the sake of reporting back either to them or to a Child Protection

Conference. Other professionals, such as general practitioners, paediatricians, and psychiatrists also referred families. The pool of possible gate-keepers was thus large enough. The personal links established with the various gate-keepers proved to be helpful for ensuring that, after completion of the therapy, the families had continuing support structures in place. Formal agreements were reached between the charity, the local authority's Social Services Department, and myself. In all cases, both for families who participated in the research as well as those who did not participate, my current and previous relationship with social workers from the local authority was made clear. In some cases, because of the size of the market town where the study took place, families knew who I was and also knew that I had previously worked for the local authority.

Although the original plan was only to accept cases of families who were willing to participate in the research process, this was not possible for two reasons. First, it would have been unethical to refuse service users on the basis that they did not want to participate in the research process. The idea was to refer all cases not wanting to participate in the process to other agencies. As indicated in Chapter One, other resources were limited. Second, as I had not been able to do family therapy for some time on a continuous basis due to work-related pressures, I felt it important to ensure my professional development as a therapist by working with several cases.

Due to my sessions being conducted in the evenings after 6pm, supervision by my line manager only took place on two occasions and dealt mainly with practical aspects and administrative matters. The agreement reached with the charity was that I would receive regular supervision from a

person of my recommendation with experience in the field of family therapy for the latter part of the study, and this subsequently took place.

4.3.2.2. Sampling technique

Crabtree and Miller (1999) referred to Patton (1990), who suggested that qualitative research typically focuses in depth on a relatively small sample, as is the case with this study, where the goal of the study is to gain a rich description. Because the selection of cases was based on referral from social workers and other professionals, this constituted accidental or availability sampling. De Vos (1998) defined accidental sampling as:

> "Any case which happens to cross the researcher's path and has something to do with the phenomenon gets included in the sample until the desired number is obtained." (de Vos, 1998: 198)

Accidental and convenience sampling have inherent deficits. The sample drawn cannot be regarded as a representation of the total population. The goal of this study, however, is not to establish a quantitative rule that can be generalised to the larger population. It would for obvious reasons be extremely difficult, if not impossible, to obtain a 'random' or even a 'representative' sample of families in need of therapy or feeling that they are in need of family therapy. For this reason, the population (people either feeling that they are in need of family therapy or being referred for family therapy) should be regarded as a hidden population.

As accidental/convenience sampling was employed, it happened that the bulk of the families referred had similar problems, such as children with challenging behaviour. In order to ensure a more representative selection, theoretical sampling was then applied. Strauss (1987) defined theoretical

sampling as a means whereby the analyst makes a decision on analytical grounds as to what data should be collected next. Efforts were then made to obtain families with different reasons for referral. These families were then selected within the same parameters as previously indicated. One of the advantages of having gatekeepers from various professions was that the general profile of service users referred was varied.

4.3.2.3. Criteria for selection and size of the sample

As accidental convenience sampling was used, it followed that the criteria for selection were not as precise as would have been the case with more quantitative methods of sampling. The following criteria were applied to this study:

- The families had to be either first or second-language English speakers because using an interpreter would add another variable, which would be difficult to control. For one, it could not be guaranteed that the same interpreter be used for each session, let alone for all the families.
- No preference in the selection of families was made on the grounds of nationality, ethnicity, gender, age, religious beliefs, or disability.
- 'Families' referred to all families in which either a father or a mother, or two same-sex parents, or both were present in the home with their children. In accordance with this definition, groups of people regarding themselves as a family qualified to form part of the research population. This included gay and lesbian couples.

- Families that were already the subject of family therapy were excluded because this would make it impossible to determine if narrative therapy was the only possible source of change.
- Due to professional and ethical considerations, families that were clients of colleagues of mine were not to be selected. These families were only included if the colleague's services were terminated.
- Families that were the subject of court proceedings or who, in the opinion of those involved, were likely to be the subject of court proceedings, were not selected. This was because of the legal implications and the requirement that intervention in these scenarios has to be with the consent of all parties, through the agreement of the court.
- If I became aware of specific child protection concerns during the first interview, people were referred back to Social Services. A decision was taken with the family on the continuation of therapy. If they chose to continue, they were not involved in the research.
- The participation of the families in the process was voluntary.
- The families had to be willing to have the therapeutic sessions recorded on video and to sign the consent form provided (see Appendix 1).

Having described the sampling method and selection criteria, the last aspect that needed to be considered was the size of the sample and issues of demography. Hamel, Dufour and Fortin (1993) argued that a case study that is well-constructed should not be regarded as singular. The importance rather lies in the selection of cases, the design of the study, the ability to describe

the study effectively, and the ability to understand and explain the results. When video recordings are made, one family can provide enough data for research (Silverman, 2000). In this study, I did not have one-off interviews with each family but a series of therapeutic interviews.

Taking into consideration that the first session is normally 90 minutes in duration and the sessions thereafter approximately 60 minutes, there would be six and a half hours of video available in respect of each family. This would provide more data than is required. The initial plan was to work with approximately 50 families (giving 325 hours of video). Of these, 10 families were referred by the voluntary agency directly, 28 from Social Services, 5 from paediatricians and the local hospital, 4 from a paediatric psychiatrist and 3 from community psychiatric nurses.

This volume of data was collected because the initial form of data analysis planned (Interpersonal Process Recall (IPR) questionnaire) did not scrutinise data in the same detail as the antenarrative method proposed in this study. The IPR also required the researcher to show the videos to the family, without transcribing them. It is only the conversations with participants that were transcribed. Subsequently, due to the richness of the data and the desire to render the complexity of the families' stories as fully as possible, only two families' data were selected for presentation in this thesis. The reasons behind this reduction and the process of selection will be discussed in more detail later in this chapter.

As the design is a single-system design, data was analysed after the first session and after the sixth session with each family. This provided a base-line and a new base line after the sixth session. Information from

sessions two to five was kept in the form of case notes and could be analysed if required. These recordings were retained for cases where significant change events had taken place in sessions two to five, or when therapy was terminated early. If sessions were terminated early, or where significant change took place in the interim sessions (sessions 2 to 5), it made it possible to explore the reasons for this in future research. Due to the choice of the single systems design, these sessions did not form part of the data analysed.

Demographically, the families were varied. They were all lower-income or unemployed. Only three of the families had a family member who worked at the time of the intervention. None of the families referred to me were from ethnic minorities. In the whole time I worked at the office of the local authority, I only had two referrals dealing with ethnic minorities. In the time I worked at the voluntary agency, I had no referrals at all from ethnic minorities. I had no referrals for families from same-sex partners, persons with physical disabilities, or persons who are deaf or blind, perhaps reinforcing their invisibility as people with support needs.

From my original referrals, I selected 12 out of the 50 who volunteered to participate and met the criteria. I wanted to ensure the cases were representative of the work carried out in a child protection setting. My first criterion then was obviously that the issues had to deal with concerns that the local authority regarded as child protection issues. This meant that cases in which the concerns were, for example, struggling with financial management did not form part of the study (8 cases). Other cases had concerns of such a nature that they were deemed to warrant registration on the Child Protection Register (12) or were being re-registered, and had to be discounted. On two

other occasions therapy had to be terminated because concerns about child protection arose. This led to a position in which other professionals became involved and a child had to be removed. Although they did not form part of the study anymore, continued assistance was offered to them and their social worker with their permission. For a further 7 families, it was clear that a strong multi-professional involvement would be retained, ruling them out. In 5 cases, families attended after referral and committed to attend the sessions, but never came for any of the appointments. In the case of 4 families, I did not feel I had the experience or competence to provide an adequate service. These families were referred to other professionals. Of the remaining 12, I had to select cases that would not focus on one particular reason for referral only. The different families were grouped into the following categories:

- Those having serious problems with parenting, warranting registration or previous registration on the CP register. All of these referrals also indicated the parents as struggling with learning difficulties as part of the concerns raised.
- Families where there was a concern about sexual abuse.
- Families where emotional abuse was the major concern.
- Families where physical abuse was the concern.
- Kinship care.
- Families going through the process of divorce.
- Families in which mental health was a major concern.

From this categorisation, I selected one family from each of the groups (when there was more than one family). These were selected because of their representation of the work social workers do and the availability of the

family members to participate in the study. Data was collected from seven families in total.

After starting with the process of data analysis, I realised that the volume of data I had from just one family was much more than I expected. Looking at other studies in this field, I realised that having a larger sized sample was not the primary consideration. Gaddis (2004) studied three couples, looking only at one session per couple. His argument was that the number of stories he was able to do justice to limited the size of his sample. After the first family, it was clear that at the most I would be able to present the stories created by two families in the context of a thesis of this kind.

To select these two from the previous list of seven, I decided to opt for one that dealt with parental mental health and concerns about the children being affected by their parent's mental health. This is a serious consideration in child protection, yet is often not considered to be part of the work social workers do. Leason (2004) highlighted that of all the children whose names are typically on the CP register, it is estimated that between 50% and 90% have parents with either mental health or substance misuse issues. The second case I opted for was one in which abuse was present. These are normally some of the most difficult cases we have to deal with, especially if the abuse happened in more than one generation.

The cases upon which this thesis is based were not selected because of their success in the field of family therapy, and the most successful cases were not included as part of this study. The major concern changed from a focus on narrative therapy to developing a new methodology. In the previous three chapters, the importance of power, discrimination on the grounds of

gender, and other forms of oppression were highlighted. The two cases selected represented the issues of power and gender well. To ensure confidentiality and anonymity, the names and other identifiable details have been changed to ensure confidentiality.

The two families included in this study can be summarised as follows: The first family, Family A, included a mother, Emma, who had been married previously and who had two sons (John and Peter) and one daughter (Mary, aged 12) from this relationship. The stepfather, Adam, had no previous long-term relationships. Neither of the parents worked and both received incapacity benefits due to mental health diagnoses. Although the original reason for the referral was the 'problem behaviour' of Mary, the main area of concern seemed to centre on the mental health problems of the parents. They were referred directly from the charity.

Family B consisted of two parents (Karin and John), the maternal grandmother (Anna), and a five-year-old girl named Cheryl. The family was referred by Social Services. Karin had a history of sexual abuse at the hands of her father. Her father (the maternal grandfather) then sexually abused his granddaughter, Cheryl. Concerns were raised about the ability of the mother and grandmother, who had separated from her husband when he was imprisoned, to deal with the emotional needs of the daughter. John only attended one of the sessions briefly.

A problem experienced in one of the families (family A) was that one family member did not want to continue with the video recording despite having agreed to this beforehand. It was then decided with the family to obtain the member's point of view and then to excuse her from further sessions. It

happens sometimes in family therapy that one member of the family does not want to continue. This will be discussed in more detail during the data analysis.

4.4. The Data-Capturing

If the assumption is that therapeutic interviews deal in the main with exploring how people tell and organise their stories, then the therapeutic sessions could be defined as narrative interviews (Holloway & Jefferson, 2000). In this approach the agenda for the interview is open to development and change. It allows, as with therapeutic interviews, for the narrators to tell their stories and provide their own articulation of their experiences.

During my previous study the audiotapes of interviews were sometimes difficult to transcribe, as it was not always clear who was addressing whom at the time. Video recordings of the interviews largely resolved this problem. De Vos (1998) referred to the work of Oliphant (1993), who used video recordings in her research with families during family therapy sessions. The two major advantages of using video recordings, according to de Vos, are density and permanence. Density refers to the density of data gathered by videotape recording, which is greater than other forms of recording. Permanence refers to the ability of videotapes to make it possible for the researcher to review events as often as necessary, sometimes from different perspectives. Another advantage is that the recordings capture both the verbal and non-verbal communication for the evaluation of interviews (Crabtree & Miller, 1999).

The major limitations of data drawn from videotapes are the absence of contextual data beyond what is recorded and the lack of opportunity to test

emerging theories. Burns and Grove (1997) indicated that the transcription of videos is reductionist in nature. This argument can be levelled at many forms of research in family therapy. Nevertheless, it is a particularly rich form of data-capturing, allowing for both verbal and visual analysis. A practical problem is that the video recordings take a long time to transcribe- between six and eight hours to transcribe one hour, in my experience. The amount of data is overwhelming and has to be well-organised. Sometimes family members can be highly aware of the video camera. A strategy to solve this has been to show the camera to the family members and only to start with the recording when they have become used to its presence. It has been my experience that families then often forget about the camera. All the families were offered copies of the video recordings or the opportunity to look at the videos. Of the twelve families that were recorded in total, only three took up the offer to look at the videos. None of the families chose to have copies of the videos. The ownership of the videos remained with the agency, and after completion of the research all copies will be returned to them. These tapes will all be destroyed by the agency and they will only retain the case notes.

The second method of data-capturing will concerns the case notes made after each of the sessions. This process has not been problematic to produce or to analyse, but is not as detailed or complete as the video recordings. The disadvantage of these notes is that they are selective in what is recorded because they are dependent on the memory of the recorder. However, they afford a useful indication of the thoughts of the therapist during the session.

4.5. Data analysis

The aim of the following discussion is to introduce the reader to the journey which led me to the antenarrative approach. At this point I need to remind the reader that this analysis of the literature will be followed in Chapter Eight by a comparison with developments in the field since 2004. I have opted for this approach to ensure that I enter the field with an open mind and without re-inventing the wheel.

In designing a method of data analysis for this study, various challenges had to be addressed. First of all, the design needed to adhere to the ontology (what we can know or how we study the world around us) and epistemology (how we pursue or search for valid knowledge) of a narrative/ constructivist world-view (Burck, 2005). Next, while most research in the field of family therapy makes use of interviews, this study was undertaken from a researcher-participant perspective and did not use interviews following the sessions.

A principal concern has been to find a way of indicating whether change has taken place in the families' narratives. Many of the possible designs available presented two problems. First, the focus was predominantly on the interaction between the therapist and the families and not on the narratives of the family. If the design was to adhere to a narrative worldview, the focus had to be on the narratives and not the people. Second, some of the methods employed could affect the impact of the therapeutic session, thus creating a false impression of its outcome. An example of this is where families had to look at video recordings again after the session and were

asked to explore their thoughts and perceptions. This reinforces what has happened, thus maximising the impact.

Both these problems will be illustrated in the following discussion.

4.5.1. Process Outcome research

One possible starting point to illustrate the initial phases of designing the study is Wooley, Butler and Wimpler's (2000) exploration of process outcome research that has its main focus on either the interaction between those present during the session or the process of therapeutic change itself. Its aim is to identify the active ingredients of change in therapy or, in the case of this study, the process of change. The focus is not on a comparison between various models of therapy, but rather on the observation of change events that have taken place when applying a specific model.

Process outcome research provides three possible routes of inquiry. The first, experimental manipulation, is a classical quantitative approach. In it the researcher investigates the actions and responses of the various participants in therapy. Specific dependent and independent variables are identified, tested, and manipulated. An example of this is the use of an events-paradigm. This refers to the study of significant events during the therapeutic process as a source of data. These specific events are linked in a chain and, it is argued, give an accurate picture of the change process (Gordon, 2000). For this purpose, various possible tools, such as the Therapeutic Impact Analysis System (TICAS), the Interpersonal Process Recall questionnaire (IPR), or the Therapist Interaction Scoring System (TISS) can be used. Questionnaires such as the IPR or TICAS, however, have an effect on the impact of therapy

(Gale, 1992). Asking questions in interviews not only explores the stories told by families, but can contribute to the construction of a new story. Experimental manipulation raises concerns, as the researcher decides on the variables to be manipulated. The definition of a significant event and the construction of the questions are determined by the researcher (Burck, 2005). This approach does not take into consideration the broader social and political context within which the therapy takes place.

The second method proposed by Wooley *et al.* (2000) is *change events analysis*. This approach focuses on an analysis of the tasks and looks at the participants and not at the interaction between those involved. As with the previous example, data can be correlated by using a questionnaire or interview, such as the IPR or TISS. A method that can be linked to the change event paradigm is to explore specific behaviour and to judge if change has taken place on account of the specified target behaviour, such as in the study by Besa (1994). This approach would easily be married to the single-system design suggested, but merely to look at behaviour that has changed does not necessarily suggest that the narratives of the families have changed. Practical experience suggests that behavioural change in the short-term is not the biggest challenge and can be a symptomatic approach to more complex situations. Larner (2004) argued that the personal narratives, interpersonal process, and the quality of the therapeutic relationships play an important role in the outcome of therapy.

The last method suggested by Wooley *et al.* (2000) is grounded theory. Glaser and Strauss (1967), the original champions of grounded theory, defined this approach as the discovery of theory from data that is

systematically obtained and analysed, a theory that is inductively derived from the phenomenon that the grounded theory represents (Strauss & Corbin, 1990). The two key features of this approach are constant comparison with the whole range of data and a search for negative cases either to confirm or deny the hypothesis, and the use of coding, categorisation, and conceptualisation (Glaser & Strauss, 1967; Kemshall, 1998). Although grounded theory has its roots in the qualitative tradition of phenomenology, Glaser and Strauss (1967) took the view that the theory generated needs to be able to predict and explain behaviour. The theory, moreover, should be able to provide a perspective on behaviour and act as a guide to further research of the topic. These goals are clearly positivist in nature. The principle of being able to predict and explain behaviour is difficult to link with a constructivist view of the world. Still, grounded theory or a revised interpretation of grounded theory seems to be the method suggested by a wide range of researchers in the field of narrative research and research on the applications and implications of narrative therapy (Angus, Levitt & Hardtke, 1999; Botella, 2000; Breuer, 2000; Woolley *et al.* 2000; to name but a few).

4.5.2. Grounded Hermeneutics

The problems in relation to the apparent difference between grounded theory and the constructivist approach to this study may lie in both having their roots in a hermeneutic tradition (Haig, 1995). This approach to research deals mainly with the process of making sense or the process of interpretation (De Vos, 1998). Central to hermeneutic research is the notion that no absolute

point of departure from which to assess the truth-value of an account or theory can be attained through research. Within this tradition, it is therefore important to involve all the participants in the total research process (Crabtree & Miller, 1999).

Gergen (1999), one of the main proponents of constructivism, included grounded theory and hermeneutics in his approach to the study of families. Various terms are used to describe the combination of hermeneutics and grounded theory, such as objective hermeneutics (Günter, 2000), grounded hermeneutics (Crabtree & Miller, 1999), or abductive narrative inquiries (Bojé, 2001a). Grounded hermeneutics (the term preferred for this study) focuses in particular on the sequence of analysis, in which each session is evaluated and interpreted in succession in accordance with the rules of interpretation. This represents a break with the positivist tradition, whilst retaining a commitment to the grounded theory of Glaser and Strauss (Denzin & Lincoln, 1998).

Grounded theory, with its strong links with the empirical traditions of research, does not emphasise the importance of language between individuals or in the creation and forming of social behaviour. Grounded theory is, however, clearer than hermeneutics with regard to methods and techniques. It also provides the researcher with a good indication as to how to formulate an explanatory and descriptive theory to understand the situation at hand. The combination of grounded theory and hermeneutics (grounded hermeneutics) has a more holistic emphasis on the social, cultural, and political context of behaviour and human action, whilst acknowledging the importance of language in understanding human behaviour (Appleton & King, 1997; Crabtree & Miller, 1999). An active dialogue with the participants of

research is emphasised, thus expressing the reflexive principle of narrative therapy and actively involving the participants in the process.

For the purposes of this study, the grounded theory of Crabtree and Miller (2000) was considered. This approach, with its specific steps, can act as a guide in the process of data analysis.

It progressed well in the pilot study until certain problems started to emerge. To begin with, the goal of the study was to determine if change had taken place between the first and the last base-line (sessions one and six). The thematic picture provided by grounded hermeneutics does not take the complicated nature of narratives into consideration. It was also difficult to compare the first and the last session merely by comparing the themes identified. From the narrative therapeutic perspective, it was notably difficult to work with the externalised problem as a theme. In narrative therapy the externalised problem is regarded as another participant in the narrative of the family. The narrative of the family was actually a multitude of narratives happening simultaneously. Each person within the family had his or her own story, the family had its own, the problem had one, and quite often groups within the family had theirs. Grounded hermeneutics did not provide a clear method of evaluating this multitude of stories. It still relied on a system of imposing codes on the narratives of the family. When analysing the therapeutic sessions the narratives of people cannot be reduced to categories. The narratives should be viewed as a description of people's lives (Polkinghorne, 1988). The process of data analysis in narrative research involves the detection, selection, and interpretation of data. This means that

the interviews must be available to other researchers to follow the researcher's move from data to interpretation in order to ensure transparency.

4.6. Conclusion

This chapter represents the journey I took in trying to develop a method of data analysis that met the requirements of a narrative stance to life to apply to the stories told by families. My original idea was to use one of the existing methods, such as the TICAS questionnaire, but this soon proved unworkable, whilst other methods did not meet the ethical stance suggested in a narrative outlook on life. This took me on a journey through various ideas and approaches, testing and trying to see what might work along the way, leading me to the antenarrative ideas, which I will explore in Chapter 5. Antenarratives represent a different way of looking at the various and sometimes contradictory stories told by the same family.

Chapter 5

Antenarratives

In the previous chapter, the basic design for the study was discussed. It also covered the different avenues explored in order to find an appropriate method to analyse the stories. Some of these routes either led me down the wrong path or ended in a 'cul-de-sac'. I stumbled across the ideas of antenarratives after being quite frustrated with many of the different ways of working that did not provide me with anything more than either a method of theorising about stories or counting behaviour. Examining the antenarratives initially seemed like yet another wrong turn-off from the main road of grounded theory and hermeneutics. It felt very radical and outside of my comfort zone, which at the start discouraged me. But as I kept on reading, it seemed to offer possibilities I have not previously thought of. As with other new roads, I initially stuck to a clear path, in the form of the work of Bojé (2001a) in this instance. As I became more familiar with these concepts, I decided to stop and explore the work of other authors who also wrote about antenarratives, and came to appreciate how their work gave me a broader view and a realisation of the different routes to understanding how the stories of families have changed.

The goal of this chapter is to explore the concept of an antenarrative approach to understanding stories. It will firstly look at a basic definition and description of the concept 'antenarrative', and explore how the study of these is different from other methods of analysing stories, followed by a critical appraisal and a discussion of the contribution it makes to data analysis. Lastly I will indicate the manner in which it was applied in this study.

Bojé (2001a) introduced various concepts that could address many of the problems discussed in chapter four. He drew a distinction between a narrative or story and an antenarrative, with the latter being a story before any outside theory or structure has been imposed on it.

In Bojé's work, the term antenarrative denotes the precursors of a narrative, but 'ante' also refers to a speculation or a bet. It does not have a beginning or an ending and therefore, unlike a narrative, does not have closure (Bojé, 2003). Bojé advocated a form of analysis which attends to the relationships between antenarrative non-linearity and the coherence and linearity of the narratives themselves. He identified certain criteria which the analysis of antenarratives should achieve. For example, analysis should pay attention to speculation and uncertainties.

5.1. A basic description of the antenarrative idea

Antenarratives reflect stories as they are being told and lived, so analytic attention is given to the process of making sense of living our stories and the stories themselves. The study of antenarratives can also help disclose the rules, values, and norms in culture that are attached to the telling of our stories. This may concern who can say what, how much we can say, when we can say it, and so on. When analysing stories, the focus is shifted from looking at "*What is the story here*" to "*How and why did this particular story emerge to dominate the stage?*" (Bojé, 2002a: 7). Bojé's method emphasises social justice. This is evident in his analysis of the September 11, 2001 attacks on the World Trade Centre, the assessment of the ENRON scandal (Bojé, 2001b; Bojé & Rosile, 2002), or the sweatshop approach of Nike towards employment

in developing countries (Bojé, 2002b). He describes his approach as *critical postmodern narrative theory* (Bojé, 1999) and his explanation for this is striking. He describes it thus because the stories told in his analyses are the re-embodiment of stories which are usually kept hidden in successful political economies. In contemporary economies and cultures a great many stories are kept secret, or as Boje describes it, 'disembodied' in the sense that we do not know the stories when they were 'alive' or being 'killed'.

> "Critical postmodern narrative theory re-embodies spectacles in a naked account of disturbed violence and acts of life creation and in ways to live simply" (Bojé, 1999: 1).

As examples of this, he relates how we may be eating animals without personally seeing them being killed, or not personally subjecting workers to slave wages but we still buy the clothes they were forced to make in these conditions. The conditions in farms and abattoirs, or the circumstances of sweatshop labour, are not immediately visible but knowledge of them has to be deliberately sought out.

Bojé was strongly influenced by Mikhail Bakhtin, who explored the importance of the ethics of action, language and the ability of language to illustrate the struggle for separation and unity between humans and in nature (Bojé, 2004; Rankin, 2002). Bojé (2004) tries to apply the ideas of Bakhtin, specifically his "grotesque methods". This approach to research is connected with what Bakhtin refers to as "grotesque realism" (Bojé, 2004: 3). Here he explores this cycle of double meaning, the first being a process of degrading and the second renewal, all of this taking place within a metaphorical body. For Bakhthin (1968), an object is degraded in the grotesque method and slowly worked towards the lower extremities of the body, where it may be

rejected but at the same time it is also the part of the body known for new life and re-birth. In this way, the process is always part of a cycle that leads to re-birth. To illustrate this, Bojé compares large corporations to this process, seeing the large organisations as self-regenerating by getting rid of those persons or parts that have served their purpose. Although this method of understanding the corporate world is both interesting and provides a different approach to deconstructing the image created by large organisations, at first I struggled to understand how this would take the process further than merely creating an interesting perspective. Much of what was implied here had already been suggested by authors such as Marx and Engels.

Bojé designed his method specifically for the analysis of communication in large organisations. Although the basic foundations have been maintained, it became apparent that the methodology had to be adjusted in order to reflect the study of antenarratives and narratives in families.

In common with what White (2003) did when focussing on families, Bojé (2002a) noted that there is not only one but various stories told simultaneously, a *plurivocity* of stories occurring continuously, with no beginning or ending. Dalcher and Drevin (2003) described this as follows:

> "Stories appear to flow, emerge and network offering complex clustering of events, emergent phenomena, causes and effects. Moreover, the accounts are often subjective, counter-intuitive and contradictory. This leads to interacting, and conflicting webs of narratives, characterised by coincidences, predicaments and crises. It also means that the researcher needs to find ways of reconciling and fitting these stories together in an effort to make sense of the world." (Dalcher & Drevin, 2003: 137)

It is not possible to tell only one self-contained antenarratives because they are never final. Moreover, sometimes the distinction between stories and

antenarratives is blurred, especially when a story does not have a singular plot or agreed coherence, as is preferred in many other forms of narrative research (Bojé, 2001a). One of the realities of stories told in families has been that families seem to have an overall story to tell. But individually, all the family members own or tell a part of this story, without which the complete story of the family cannot be understood. Many other forms of research might attempt to get one singular story to represent the whole family or event, eliminating the paradoxes that might be present. In the case of the antenarrative approach, the paradox is seen as constituting a dynamic aspect to any story, something that enables change and progress (Bojé, 2003). Bojé (2005) took the definition of an antenarrative further when he raised the idea that antenarratives are collective co-constructions, or various fragments of a joint story. The performance of these different parts of the story jointly create the antenarrative.

Bojé (2001a) compared the telling of stories with a play called Tamara. This is Hollywood's longest-running play, set in Mussolini's Italy, and depicts the stories of 10 characters played out on different stages in separate rooms. The audience may follow the characters from room to room or may wander through the set seeing different stories being played out on the different stages. Depending on where the viewer is and who is on the stage, different stories will be heard. The story one hears is therefore dependent on the vantage point. This is reminiscent of many human organisations, whether they be large organizations or families – different stories may be being played out in different compartments. Bojé (2001a: 4) describes the Tamara as a "wandering linguistic framework" where stories are themselves the medium of

interpretation. For him, organizations, or for this study, families exist to tell and live their stories. But as researchers we are not able to listen to all the stories told in the Tamara, we are only able to track fragments of stories.

Bojé (2001a) also represented storytelling as a carnival. Not only do various people tell the stories, but there is a moving stage and a moving audience. An antenarrative is a pool of memories before any plot is identified. Everyone has a different understanding of these memories. This rang true of the different stories family members and professionals told of the same family, with clear disjunctures and paradoxes between the various accounts. If the idea of a Tamara is applied, each person can and will have his or her own story whilst playing a role in another's plot. These will differ depending on where they are in the Tamara and with whom they interact. Those listening or watching will be influenced not only by what they see and think but also by the audience who watch it with them and their comments. Durant, Gardner and Taylor (2005) suggest that the term "ante-" also means end, border or boundary. It is, in their view, the antenarratives that identify the boundaries for the telling of the stories. But this suggestion may seem to be a contradiction because, if this was the case, then the antenarrative would be providing a structure for the telling of the story and thus not be "ante-" in the sense of being "before" a structure has been imposed.

In the field of narrative study of organisations, there are three major authors, namely Bojé (2001a), Czarniawska (1997) and Gabriel (2000). For Bojé and Czarniawska, the major contribution of narratives is to make sense of the world around us; it helps us to create order from what can otherwise be a muddle of different stories happening simultaneously. Gabriel (1995) in

contrast takes a more psychoanalytical perspective to storytelling. For him, stories are mere expressions of the irrational dream world of organisations in which desires, anxieties and emotions find expression. The emphasis is not so much on the process of making sense of the different stories, because they are a way of learning how to cope with the realities of life. Both Bojé (2001a) and Czarniawska (1997) use literary theory and apply the idea of theatre, namely that what happens in large organisations or the way in which we should understand large organisations, is by looking at these events as stories acted out in plays produced or scripted by large organisations.

Although Bojé (2001a), Czarniawska (1997) and Gabriel (2000) agree on the importance of narratives and stories in their work, they disagree on what these are. In contrast to Bojé's definition of stories and narratives, both Gabriel (2000) and Czarniawska (1997) highlight the importance of a structure through plot and character. They also disagree with Bojé about what precisely is a story and what is a narrative. For a more detailed analysis of the differences between them, see Bojé, Rosile & Gardner (2004).

When applying the theory of antenarrative to data analysis, Bojé (2001a) made use of the current methods of qualitative data analysis and then introduced the idea of an antenarrative to these methods. For the purposes of this study, three approaches have been considered, namely grand and micro story analysis and story network analysis. Although the other forms of analysis (deconstruction, discourse analysis, intertextual analysis, causality, theme analysis or plot analysis) suggested by Bojé (2001a) would have no doubt produced interesting results, the grand and micro narrative, and story network analysis, lent themselves best to integration with a narrative model of therapy

The problems with the other forms of analysis, which were not included, can be illustrated by briefly looking at the contribution and critique of the process of plot analysis. The authorship of stories was identified as important in the discussion of narrative therapy in Chapter Two because the authorship of their story should belong with the family. The plot in this case is not merely a process of stringing together sequences of events, patterns, or structures. It involves looking at the micro history and textuality of the author's actions and intentions. In an antenarrative analysis we also look at non-plot, who controls the plot, and how it is formed and controlled. For this Bojé (2001a) made use of Ricoeur's term 'emplotment'. According to Bojé, Ricoeur used the principles of intertextuality to assess the relation between various texts.

Looking at a change in the plot provides an essential element to the study. Bojé (2001a) referred to Aristotle's and Ricoeur's (1984) use of typologies of plots, namely romance, satire, comedy, and tragedy.

These concepts can be used to explore changes in stories over time. For example, in Boje's view, if the dominant story in a family is a problem-oriented story and they feel trapped, their story can be defined as a satire (satire being defined as a drama in which the hero (family) is captive in the world or story, unable to escape). If it can be changed to provide escape, or if they are able to move to a preferred story, Boje argues it can be classed as romance. A romance is defined as a story of self-identification, with the family being able to overcome their experiences or be liberated. In a comedy, the hero in the story will have hope for at least a temporary triumph over darkness

or the adversary, whilst in a tragedy, the hero is defeated by his or her experiences, but hope still exists for those left behind (Boje, 2001 a).

Although a plot analysis at first glance might provide an easy comparison between sessions, it can also be very limiting for two reasons. The first is that families might be very offended if they were to be told their stories were regarded as a comedy or tragedy by the person there to help them. The second argument is that these plot types could be very limiting (Bojé, 2006), and lead us to ignore what might be disclosed in a more free-form telling of the stories families' have. Applying a singular word to describe the whole story, ignores many aspects of the telling, including the actual manner in which stories are told, distributed and consumed. It would also place these stories within a clear structure and by labelling them, remove the whole idea of the antenarrative as being what stories are before a structure has been imposed on it.

5.2. A critical appraisal

I have found Bojé's ideas difficult to implement, because they do not always lead to clear implications concerning the techniques required to discover and analyse the concepts he identifies. In much of the literature discussed in this thesis, antenarratives are clear in the arguments and rationale, but not on how these have been discovered or how the analysis could be applied in practice. For example, two central concepts are those of the antenarrative and grand narrative. These are theoretically well-described and brought to life for the reader. However, taking these concepts to the

stories of families has been difficult, as Bojé never outlined the procedure to do this.

Bojé looks at the grand and micro narratives told. In his focus on larger organisations, such as ENRON, Nike or Walt Disney, the positive stories are ignored in his analysis. Perhaps they are less interesting because they are not suppressed by these organisations, nor are positive stories promoted in critiques of large organisations by their opponents, so they are apt to be overlooked. In his analysis, very little attention is paid to any possible positive contribution these companies might have made because the focus seems only to be on the negative impact they have. This is in contrast to some of his own earlier works, where he highlights the need to provide a balanced view by exploring all the potential sides of a story in order to highlight the ambiguity in them (Bojé, 1995). This contradicts a narrative approach which strives for a more complete description, in other words one that would also look at the positive elements of an organization, or in our case a family, not just the unhealthy tissue or pathology. This is especially important when applying this theory to other settings away from the corporate world such as families or groups and even more important when attempting to combine it with a narrative perspective which requires us to focus on a thick description, as discussed in Chapter 3.

Central to Bowen's (2002b) ideas of the use of theatre, are his identification of the seven core elements of the theatre of life, namely characters, plots, themes, dialogues, rhythms, spectacles and frames. This position, although acknowledging the presence of an audience by the mere fact of being a theatre, does not adequately address the impact of the

audience or in the case of large organisations he focussed on, broader society. Bojé (2003) only refers to the role of broader society when drawing a comparison with Aristotle's "Frames of mind" and how the various commentators (the media) often struggle to warn the spectators (the public) of the danger of the big corporations. In the ENRON example he used, where the media highlighted the fraudulent business practices, this then turned into a theatre of scandal and where what happened turned the events taking place in ENRON into broader entertainment.

This position still leaves people as docile observers and not active participants. All 3 of the major examples discussed by Boje (ENRON, Nike, Walt Disney) demonstrate this. On the one side are members of the public engaged with the corporations by investing money in them and hoping to reap the benefits of this investment, whilst on the other hand there are people who are firstly used to provide the profits (the workers) and secondly the members of organisations, such as those that Bojé belongs to, who try to expose the practices of these businesses and thus become part of the theatre. None of them are thus inactive. In some of his earlier work, Bojé (1999) labelled his approach as a critical narrative approach. In this discussion, he was clear about the impact that consumers can have on large organisations, something that however, appears to be missing from later discussions. Working with families, it is hardly possible to ignore the broader social context, especially if social justice and a just way of working are at the forefront (Waldegrave, 2003).

A problem with any study looking at the stories told by people in one setting, which is then transcribed or translated, is that stories are oral acts

and form part of an oral tradition. For example, in many cultures with no written tradition (such as the Bushmen in Southern Africa), stories have survived and have fulfilled important functions. By transcribing these stories or for that matter the stories told by families, oral acts are removed from their context and placed in the abstract form of text. This is precisely what large organisations want to do. To enhance clarity, they write narratives which replace speech, yet at the same time this erases the peopled–identities and tends to occlude the more colourful stories that engage real people (Bojé, 2004). When doing research, the same can happen, namely that the stories scientists want to tell are told and not the stories families originally intended. Even if we want to liberate stories, it is not always possible, as the mere fact of doing research will place constraints on the stories. The position of practitioner-researcher, or the involvement of one of the original participants in the telling of the story (myself) with the re-telling and linking the process of analysis to the original video, should to some extent maintain some of the more contextual elements.

The other role that has been underestimated is the role of the researcher who is telling a new story, creating his or her own architectural model on the narrative being told. As Rankin (2002: 5) states:

> "The narrative work is the product of an intentional creative act of narrative consciousness. The work is not possible without its author, and is always the result of some purpose; thus to deny authorship of the work, and the circumstances of its production, is to deny the purpose of the work – to communicate."

This is why the original authors of the stories need to come in, where they need to have a say in how a new story has been created and communicated. For the purpose of family therapy research, it is the families

and therapists who have to provide some form of approval to what has been said. Nairn, Munro and Smith (2005) apply this idea to the situations researchers are often faced with, namely so-called failed interviews, in other words where little or no data could be attained. They describe a case involving interviews with children where the interviewers did not achieve their set goal. This has a great deal to do with the kinds of goals the researchers had in mind and the sorts of interpretations they wished to undertake. The children themselves may well have had a good deal to say, but the problem arose because of the misalignment between the researchers' preferred interpretation and the children's view of the situation.

One of the problems with Bojé's antenarrative in my work has been the assumption of the incompatibility between narrative and antenarrative. Another problem at a very practical level has been that the moment we start to analyse an antenarrative, we impose a structure on it, thus making it a narrative. This has also been a problem for Yolles (2007), who suggests that both narrative and antenarrative can be intertwined to jointly form a more complete story or picture of what is actually happening. Although her discussion is purely theoretical and does not illustrate the application of these ideas in practice, it creates a possible solution to the problem of the incompatibility of narrative and antenarrative. But for Bojé (2006) this remains impossible, as stories have to be liberated from the constraints placed on them by narratives.

5.3. What antenarratives bring to the table

Taking the previous challenges about antenarratives into consideration, I still think their use can address some of the problems I have been struggling with when using grounded theory and grounded hermeneutics. The first is that both grounded theory and grounded hermeneutics focus on minute aspects of the stories, looking at the context and meaning of singular words, phrases themes or categories. With the antenarrative approach, the danger of this micro-analysis is smaller because the emphasis is more on storylines and the actual telling of the story. A problem that went hand in hand with these two approaches, was that despite attempts to foreground interpretive practice they retain a complicity with cruder forms of positivism, by supposing that there are social activities and meanings out there in the world awaiting discovery. It is thus implied that an objective view of the world is possible, and at the same time claiming to be subjective (as discussed in Chapter 4, 4.5.1., Process outcome research). The antenarrative approach is clear that it is not objective nor does it strive to be objective and openly questions a positivist view of the world.

A problem with other methods of analysis has been the need to pin the stories of families down to a single story, to one-voiced representations. Because of the focus encouraged by the antenarrative method upon multiple stories and specifically the stories of those that were previously ignored, researchers are forced to look at all the stories and specifically explore the stories ignored elsewhere.

Although the concept of stories being liberated from the conventional parameters of having a beginning, middle and end can be very helpful, it can

also be argued that this leads researchers to look at stories in a fragmented way (Gabriel, 2001). But for Bojé, this is something to be explored because it distinguishes narrative from antenarrative. For Bojé (2001), stories cannot be told in the tight confinements placed on them by time, place and plot and he argues for stories to be liberated from these confines (Bojé, 2006). It is only by releasing narratives from time, place and plot, that the true complexity of narratives can be understood. Again, the reason for this is that antenarratives do not tell a singular story or take a retrospective view on what has happened. Antenarratives highlight the speculative nature of them and give specific attention to how we see stories at a specific moment in time without pinning the stories down. An example of this application is Lee (2007), who explored the experiences of Korean migrant women in Australia by looking at the grand and micro narratives, using an antenarrative methodology. By doing this, she was able to highlight the stories of these women that were previously unheard or ignored both in the labour market and in academic circles.

It is here, the interface between the telling and the analysis of the stories, that I think narrative therapy can also bring an important element to the table. In narrative therapy, the story itself is not only seen as separate from the confines of time and space, but as an entity in its own right, as separate from both the analysis and the teller. For me, this dimension brought by narrative therapy constitutes an invaluable contribution to the method described.

5.4. Practical application of the ideas in a research context

The following discussion will indicate how change is defined and how changes in the narratives of the families have been assessed. It will also show how the theoretical ideas were applied to the narratives of the families.

The grand and macro narrative and story network analysis allowed for a focus on the family's story and for a comparison between the first and last sessions. To assist in the process of understanding the narrative of the families and in showing if changes have taken place, the methods (mentioned above) were combined. The grand and micro stories were used as the basic method of providing triangulation.

5.4.1. Grand Narrative

Grand narratives refer to the bigger, dominant stories. Bojé (2001a) recognised that these could have more than one meaning. The grand narratives in the context of an antenarrative analysis are stories that support a so-called ultimate or universal truth about the world and do not allow for smaller stories or different points of view or different interpretations of the world (Bojé, 2001b). Bojé (2001a) did not refer to an empirical understanding of the term grand narrative. Empirical views of the world can be seen as oppressive of other forms of knowledge, and specifically local knowledge. This view of the role of grand narratives is comparable to White and Epston's (1990) dominant structuralist or thin description of the world. It does not allow for smaller stories or stories of struggle against the dominant narrative. There is a focus on the struggle between the dominant narrative and the stories of struggle against the dominant narrative (Barry, 1997; Bojé, 2001a; Bojé &

Rosile, 2002) in the same way that narrative therapy looks at the unique results or sparkling moments in the stories we listen to.

To understand the grand narrative and to look at its impact, Bojé (2001a) suggested that an essentialising analysis is made of the grand narrative. His suggestion is that contrasting the official stories with local or hidden stories achieves this analysis. In the case of narrative family therapy this (the dominant-problem-oriented story) can be done by comparing the externalised problem with the oppressed narratives of struggle against the externalised problem. It is, however, possible that the true dominant narrative may have been missed during the process of therapy.

To apply these ideas in this study, it is suggested that looking at the following can identify the grand narrative or narratives. Initially, the universal truths that the grand narrative is based upon have to be identified. This means identifying the principles, laws, and rules the grand narrative lays down. These grand narratives are not only determined by members of the immediate family. They can reach wider than the family; for example, narratives can be of abuse, oppression, power, and pathology. All these outside narratives can feed into that of the family.

Next, the grand narrative may have one or more dominant authors who control what is said, by whom, and what is regarded as important. The authors of the grand narratives use its (the grand narrative's) rules and principles to motivate or justify their actions. In other cases they (the authors) may use it to limit their responsibility for what is happening (Bojé & Rosile, 2002). The authorship of the narrative is important in the comparison of the first and last interventions of the families.

Finally, the grand narratives try to ignore or suppress specific micro narratives that are created by people who may not be the authors of the grand narrative. Looking at the micro narratives they are trying to ignore or marginalise will also identify the grand narratives, a process which is comparable to narrative therapy's search for unique outcomes, the struggle against the problem, and broader socio-political narratives (Waldegrave et al., 2003).

To identify the grand narratives, Bojé (2001a) used the process of *constant comparison* advocated by Glaser and Strauss (1967). The goal of this process is not the creation of new theories or hypotheses, but to look at forgotten or marginalised stories, the stories of survival as told by the individual family members, or unique outcomes in narrative terms.

5.4.2. Story Network Analysis

Because various stories are being told by families simultaneously, it is important to understand how these stories interact with one another. For this purpose a story network analysis (Bojé, 2001a) is undertaken by building an architectural model and looking at the links between themes or *nodes*. Rankin (2002) elaborates on Bakhtin's suggestion that any study of the various parts of a story that involves the ordering of the parts, is never static. Rankin (2002: 5) uses the term "architectonics" to describe the process of exploring the way in which we arrange the various parts of the narrative and how we interact with and use these. The term nodes is derived from the NVIVO qualitative data analysis programme and can be applied to groups or categories of concepts, stories, features, or anything the researcher may want to refer to

(Fraser, 2000). The goal will be to understand the context and process of storytelling itself, looking at the strings of meaning that take place within the Tamara and the interconnections between them.

The purpose of integrating the present analysis is to assist in understanding the grand narrative. Story network analysis will help in developing mental maps of the terrain of storytelling. It should highlight aspects of the story that will otherwise be lost, such as the way various nodes impact on each other, and provide a clearer image of how the multitude of stories interact with one another.

5.5. Practical application of the antenarrative approach

Finding examples that illustrate practically how Bojé went about applying his ideas have been a challenge, as most of the literature he produced focussed either on the theoretical and philosophical ideas behind antenarratives (Bojé, 2001a; 2001b; 2002b; 2003; 2004; 2006; Bojé & Roseli, 2002). Two examples of how he applied these ideas, however, can be considered, the first being his discussion of his analysis of the Walt Disney Corporation (Bojé, 1995). Here, his first step was to collect stories in the form of audio and videotapes that were transcribed, and the lines numbered for ease of reference. This was done by spending large amounts of time at the corporation and talking to various members of staff. After gathering this large volume of data, Bojé's goal was to look at the development and growth of themes through a process of deconstruction. This was done by looking for the themes across the various data sets and comparing his conclusions with the work of other authors who have for example done research about the Walt

Disney Corporation. His main approach here is to deconstruct or contrast the official and unofficial stories told in the organisation, by for example looking at the experiences of workers in comparison to the position set out by the office of the Chief Executive.

Because Bojé's (2001a) model was developed to understand large organisations I had to adjust it to suit its use in families without disregarding the basic principles, specifically those it has in common with narrative therapy. The process of data analysis can be divided into two sections. The aim of the first is to give the reader an understanding of the ideas of the researcher before the antenarrative was sought. It is carried out in the form of elaborate process notes where broad themes are explored.

The second is an analysis of the grand narrative which examines the dominant narrative and the struggle of the family members against it. Following this the researcher should be in a better position to understand who has authorship.

5.5.1. Phase One: The Pre-understanding

The goal of this stage is to get a pre-understanding, or what Bojé (2001a) referred to as Mimesis One in a plot analysis. Boje (2001a) looks at the movement from plot to emplotment, using Ricoeur's (1984) stages for this, which Ricoeur called Mimesis 1, 2 and 3. Traditionally, the term mimesis meant 'imitation' or 'representation'. Ricouer, according to Boje, brought to this the idea of Heidegger (1962), namely to build a bridge, consisting of three stages, where the first stage represents a pre-understanding of the story to be

able to start with the emplotment. The second stage is the actual emplotment, or selection of different events to form a plot line, whilst the final stage deals with the reconnection of the different parts of the story into a whole. This process is referred to as a hermeneutic circle (Boje, 2001a).

The aim of this is to provide the reader with insight into the understanding of the researcher. It also helps to identify possible nodes in the grand narrative, the type of plot, and the authorship.

The following steps were taken in the pre-understanding phase:

1. The interviews are transcribed by listening to the video in detail. This was completed in four columns: the first column indicates the numerical order to the conversation for later reference; the second records the speaker, and the third what is said. Although the transcript is verbatim, it is not done in the same amount of detail as with discourse analysis. Indications are given of silences and pauses (by full stops, each full stop indicating approximately one second) and interruptions (by the word "interrupted" or "interruption"). The fourth column is used for comments on aspects of the conversation (i.e. non verbal) or events that occur outside of the frame of the video.
2. The whole video is then viewed while making notes in the transcribed text of those aspects of the video that appear striking or which stand out. It is carried out by using the process of constant comparison of Glaser and Stauss (1967). The researcher relies on spontaneous insight (Bojé, 2001a) in order to determine the aspects of the session that stand out. These aspects are coded, preferably in the text, by

highlighting them. In order to help identify the issues, a basic sequence was followed:

- Listening for the purpose of gaining an overall impression of the interview.
- Listening to the video again, concentrating on each person individually for what they focus on and react to.
- Listening for the issues and the nodes about which the various members of the family talk.
- Continuing with this process until saturation has been reached – in other words, until no new nodes or themes are found.

3. The main method in this phase is to watch the video, whilst at the same time coding the various nodes with coloured highlighters in the text. Watching the video and simultaneously coding the transcripts provided different and more detailed nodes. This is because the video provided people's verbal emphasis as well as their non-verbal behaviour. This could be lost if the focus was only on the transcripts.
4. The aim was not to find hidden symbolism or hypotheses. However, after a while it becomes hard to ignore them. These were listed for later consideration in the next phase of analysis.
5. The style of writing for this section calls for the use of narrative process notes. In order to link the process notes to the original transcripts and to give the reader an indication of time, I will include a reference to both. For example, the reference (225-227 T 1:15:10) refers to lines 225-227 and the 1:15:10 refers to how long the interview has been

going on at this point: namely, one hour, 15 minutes, and 10 seconds. All the transcripts are attached (appendices 2 and 3) for this purpose.

5.5.2. Phase Two: The Grand Narrative and micro-story analysis

This phase is focussed on an understanding of the antenarrative and grand narrative. The focus is different to the pre-understanding, but flows from the pre-understanding. It is carried out in the following order:

1. The pre-understanding is analysed again for nodes to be used in this phase. Most of these will be highlighted in the transcript and discussed in the pre-understanding.
2. Because the focus in this section is on the grand and micro-narratives it is helpful to listen to the video again with this in mind.
3. The following questions are listened to and addressed during this analysis. These are based, in the main, on Bojé's questions for the identification of the grand narrative. They also incorporate elements from narrative therapy:
    - What is the externalised problem dealt with during the session?
    - Are there any universal truths, either within the family or from society at large visible or discussed in the family?
    - What are the principles, laws, norms, and rules within the family?
    - What are the roles that the various people fulfil?

- Are there any visible power struggles within the conversation?
- Are there any paradoxes in the narrative of the family?
- Are there specific micro narratives? These are events or instances where the family or members of the family have stood up against the oppressive dominant narrative.
- Are there any obvious power struggles?

These questions were explored by coding the transcripts with coloured highlighters, each colour representing one of the questions. These coded abstracts highlighted in the text will then be transferred to a narrative map in accordance with Bojé's maps, to describe story network analysis.

The focus in this phase of analysis is not on the people, but rather on the nodes. For example, if the node being analysed is control, the questions above are posed in relation to control and not in relation to any particular person. This calls for a different style of writing from the first phase. The reader has to keep in mind that the externalised problems and nodes will be written about as characters in the story. For example, control can be referred to as "the control" or written about as an agent: "Control was able to dominate their lives by ..." This form of writing will relate the data analysis more closely to the view of narrative therapy, so that the problem can be seen as separate from the person and that a relationship with the problem can be established (See Chapter Two, 2.8.2.3.: Externalisation).

Reference is again made to the various parts of the transcript to support the statements made in the analysis. As this section is not reliant to the same extent as the first analysis on the video, no reference will be made to the video time.

5.5.3. Phase Three: Authorship

The completion of the narrative map and the grand narrative should give a good indication of the authorship within the family. The aim in this phase is to determine the authorship in relation to the person being referred. Where appropriate, this can also be undertaken in relation to the whole family

Authorship is determined by exploration of the following questions:

1. Production of stories:
    - Who is responsible for the production of stories?
    - Why are specific stories told?
    - Who tells the stories?
    - Who has the final say in the telling of the stories?
2. Distribution of stories:
    - Who do people say something about?
    - For whose attention is it said?
    - How are the stories told?
    - What is the context of the stories?
3. Consumption of stories:
    - Who listens to the stories?
    - What are their reactions?

5.6. Conclusion

I hope that the alternative approach suggested here will not only provide a different way of understanding what is happening to the stories, but that by asking questions of the data rather than imposing a structure on the stories, it will provide a new perspective. From this process, the antenarrative should emerge. Looking at changes in the grand and micro narratives should also illustrate the changes that have taken place during the application of narrative family therapy.

This is, however, still a work in progress and the next two chapters should illustrate how workable this method is. I plan to reflect on the application of this antenarrative method for analysing stories at the end of each of these chapters to refine it.

PAGE
MISSING
IN
ORIGINAL

Chapter Six

Family A

Introduction

This chapter assesses the applicability of this method of data analysis outlined in the previous two chapters by applying it to the transcript and video of one family. The data analysis will be followed by a discussion of my experience of the analysis process with recommendations for change to the methodology. The family selected for this purpose is family A.

Since the focus of this thesis is to explore the use of grand and micro narrative analysis, this chapter will reflect only on these. To illustrate the various aspects of the methodology, I have focussed on Emma's maps in more detail than Mary's and only considered Adam's story as part of the pre-understanding. The parameters of this study do not allow for a complete discussion of all of the participants. This suggested focus allows for a clear illustration of the methodology and illustrates the motivation for the changes envisaged in section 5.3. The reader is referred to Appendices Two and Three for the transcripts of the two interviews and Appendices Four and Five for what Bojé (2001(a) would call *mimesis one*, or pre-understanding of the analysis. In Bojé's formulation, mimesis one denotes the pre-narration; the pre-understanding of networks of action, symbolism, and narrative time that need to be grasped in order to affix a plot to the events concerned. After returning to this chapter and reading the transcripts, I realised that, for the reader, the indication of time (indicated by full stops, suggested in Chapter 5,

5.5.4.1, Phase One: The Pre-understanding) did not make any difference to the understanding of the text. There were also some instances where the colloquial accent and use of language made it difficult to follow what had been said. I decided on account of this to edit these, without changing the content or meaning of what had been said. For an indication of the unedited transcripts the reader should refer to the Appendices Two and Three.

This first recorded session followed on from the first meeting with the family, attended by the three family members. During the initial conversation prior to the recorded session, the family stated why they had asked for assistance and who had referred them.

A mental health social worker referred the family after concerns were raised about the behaviour of Mary (D). The parents were service users; both Emma (M) and Adam (F) were diagnosed with mental health problems. Emma had a diagnosis of schizophrenia, and Adam an anxiety disorder. Various options were discussed with the family who opted for family therapy (on recommendation of the mental health worker). They were invited to participate in this study and agreed to do so.

6.1. Family A: Session One

For a Summary of the first ideas gained from the meeting before session one, see Appendix Four, Section 1.1.

6.1.1. Grand and Micro narratives for Mary

Each of the nodes in the grand narrative needs to be read in conjunction with the accompanying maps. Because some of the maps have

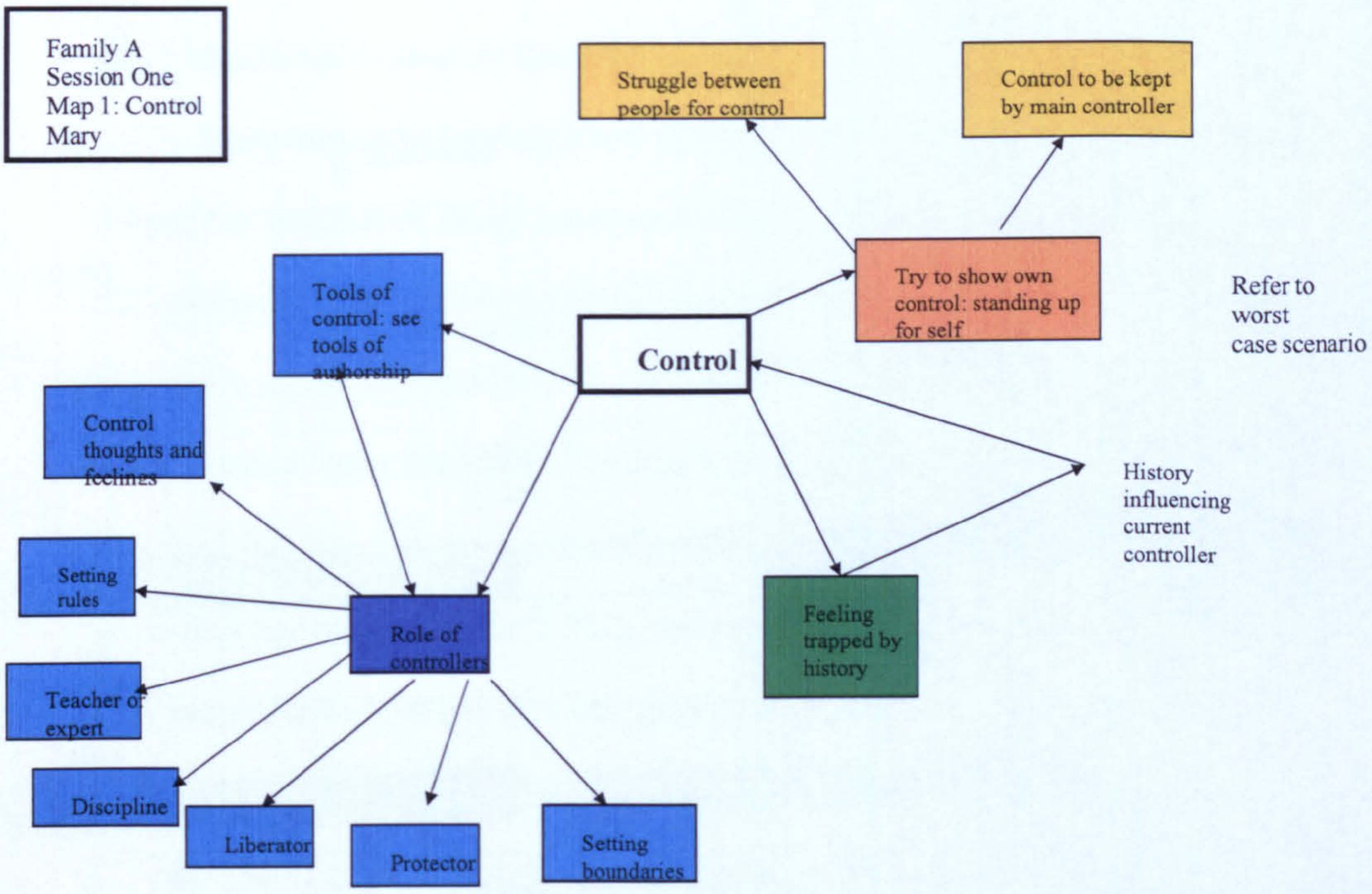
numerous entries, I have tried to make the flow of these easier by colour coding the various nodes and their subsections. For example, in the first map (Map One, Control), I have indicated the title 'Roles of the controller' in dark blue, and the specific roles in a lighter shade of blue. In other maps where there were subsections to these, I have used a lighter colour every time to delineate the flow between them.

Very early in the first session, this family's narrative changed from a story dominated by Mary's and Emma's mental health concerns to a story of control, of which mental health became only a small element. The story of control consisted of three other elements in support of the main story, namely trust (leading to liberation or freedom), contradictions, and authorship. A main theme in all of these elements is the role men played in the control of Mary's and Emma's lives.

Each of these elements will now be discussed in more detail, highlighting (by typing the main themes in **bold** and sub-themes in *italics*) the aspects of the story identified during the analysis and construction of the maps. The elements of the grand narratives rather than the people involved are the focus for discussion. The elements are viewed as external from the people involved and discussed in the same manner as externalised problems in narrative therapy. For example, control should be seen as a character external to any of the people. They may use control, but control remains a character in its own right.

Each of these will now be discussed in relation to the daughter (D) and her mother (M). In the quotations provided, S refers to the social worker and F

to the stepfather. The numbers correspond with the text lines in the transcripts.


Family A
Session One
Map 1: Control
Mary
Struggle between people for control
Control to be kept by main controller
Tools of control: see tools of authorship
Try to show own control: standing up for self
Refer to worst case scenario
Control
Control thoughts and feelings
History influencing current controller
Setting rules
Role of controllers
Feeling trapped by history
Teacher or expert
Discipline
Liberator
Protector
Setting boundaries

A) Session 1: Map 1: Control: Mary

Mary currently lived with her parents. The main controller in her life was Adam, her stepfather. Mary seemed to feel **trapped** by his control over her life (52). Although significantly positive conclusions had been reached about her during the previous session (28), Mary's life was still dominated by **experiences from the past**. The attempts by her parents to influence her brothers and the problems experienced in parenting her brothers had led them to control her life strictly (217-218) because they had expected a repetition of past history (52; 78-82; 172; 194-196). This past history had dominated her parents' decisions on possible ways to parent Mary (194; 198-200).

52	**S**	Mhm, Mhm. In regards to her schoolwork you ... you previously said you felt you? got to ... you know, ensure ... that the same doesn't happen to her as with her brothers, that she's not in conflict with the police
53	**F**	Yeah,

172	**F**	And I think that's why you, cause at the time, it was, ... it was, Mary turn that down, Mary why don't you turn that down? I asked you about 15 times. I think you got concerned then because of what happened with the boys.

Control (fulfilled by the main controller) **had very specific roles** to fulfil within the family. The first was to *stipulate the boundaries*. The person holding the control had to reset the boundaries if they were stretched. This explains why it was not possible to pass more of the control back to the

person whose life was being controlled (315-327). Using four strategies (to be discussed later) of preventing the transportation of control (to be discussed later), he (Controller) ***prevented a change in the boundaries.*** He portrayed himself as the *protector from outside influences and threats* (69-74; 220-224).

The other roles of control were to *act as the expert* (55-59; 128; 138; 170), *teacher* (45; 51; 55), and *disciplinarian* (179; 180; 218) of the person being controlled.

55	**F**	I think the problem with the schoolwork is, she's finding it too easy. And that's when she's ... bored.
56	**S**	Mhm
57	**F**	Bored with school, cause she's finding it too easy.
58	**S**	Mhm?
59	**F**	She wouldn't admit she finds it too easy, but, if she found it difficult she wouldn't be bored. That's my personal ... view.

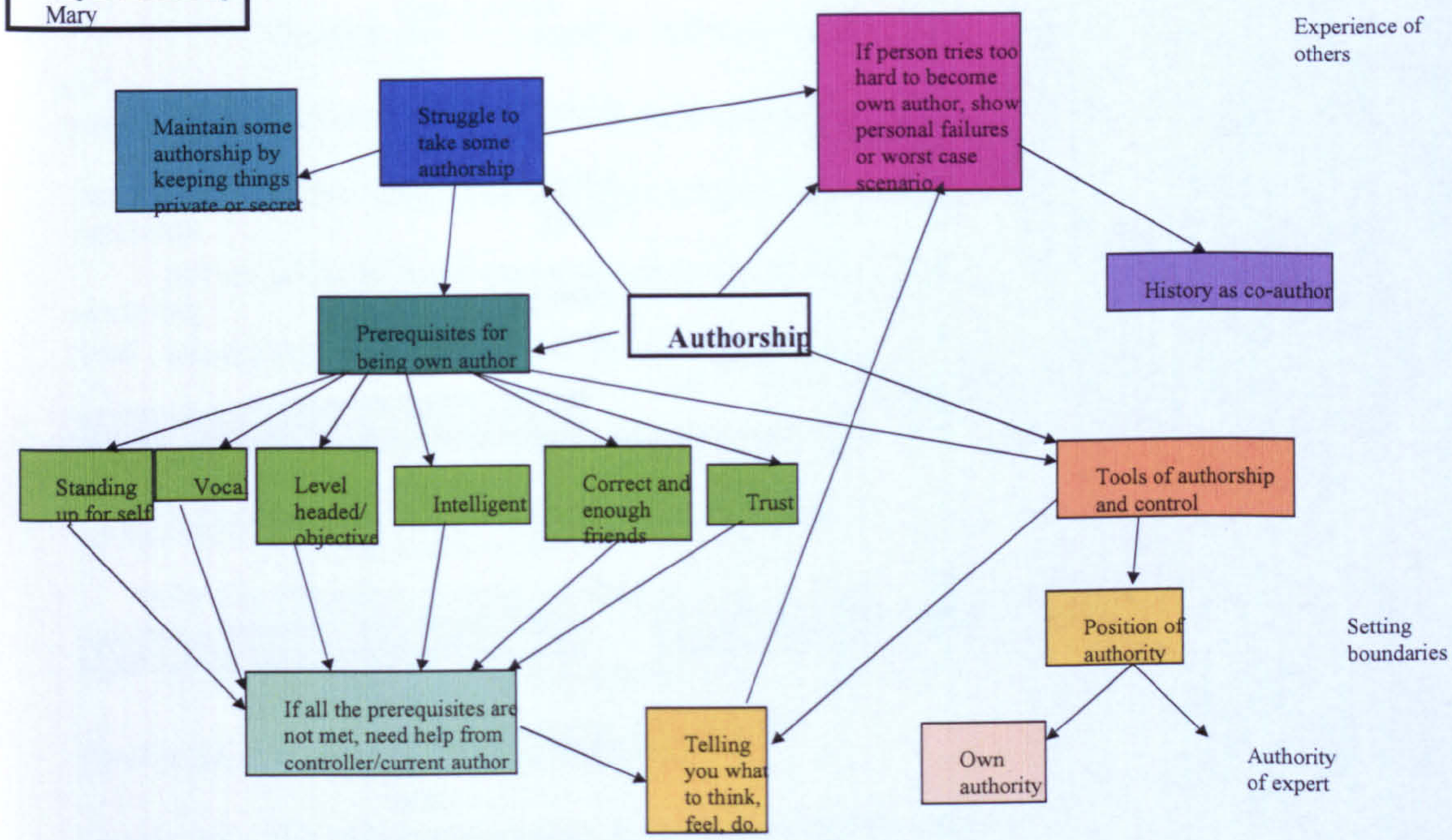
In contrast to these roles, he sometimes acted as *liberator* from the tight controls placed on Mary (293-294; 315-318) by others. Of these roles Emma performed only liberation. Adam took over all the rest. Emma was also willing to explore the possibility of varying the level of control (182-185). As soon as this happened, the main controller would use one of **four things to stop the process of transporting control back to Mary (tools of control).** The first was to refer back to *experiences they had had with her brothers and experience of the past* (as discussed above); to refer to Mary's personal failures (214; 240-246; 325; 327), and to tell her how she should feel and think (55-59; 123-128; 138-140). The fourth method, mostly used when all of the

others had failed, was to mention possible worst-case scenarios – for example, looking at the possibility of their child being abducted (222), or that she might be involved in situations in which her friends or she herself might become part of a gang shoplifting (236). For these reasons more freedom could not be granted.

182	**S**	... Mary, what would happen if, if Adam sort of, let's say gave you bit of leeway, he made the discipline at home less strict. ... He gave you a bit of flexibility on the time you wanted to come in ... trust you more with your friends ... he sort of shows you that he is trusting you. What would happen?
183	**D**	... (Pulls shoulders upwards)
184	**S**	Emma, what do you think will happen?
185	**M**	... think it would be better for Mary.
186	**S**	Mhm
187	**M**	Think she'd be OK.
188	**S**	Think she'd be OK, she's in agreement
189	**M**	Mhm
190	**S**	Right ... and ... what do you think ... hhh Mary would do with that freedom?
191	**M**	... I don't know ...
192	**S**	Is it a question of using it, or ... do you think there would be problem later on?
193	**M**	... Inaudible
194	**F**	Don't know ... I mean, trouble is, we've tried that. Mary is

		different. We tried that with the boys and they just took and took and took.

Family A
Session One
Map 2: Authorship
Mary



B) Session 1: Map 2: Authorship: Mary

Control was focussed at different levels. It firstly asserted itself on aspects of everyday life, such as what was eaten or what was watched on TV. Later control was asserted over long-term aspects of life, such as the decision to buy a car to have more freedom to travel independently, or deciding on what to do and not to do – for example, Emma not wanting to do the paper round for her sons. These long-term strategies required decisions about authorship as they dealt with aspects of life that had longer-term implications for the direction people wanted to take in their lives. It was sometimes difficult to distinguish between authorship and control as the two were clearly linked and even intertwined on occasion.

To obtain authorship, both Emma and Mary needed to meet certain demands. These demands were evaluated by the main controller (Adam) who would decide when they had met the minimum criteria. One of the first **requirements for authorship** is *trust from others* (97; 182-185; 214-218; 315-320). Emma and Mary also needed to be able to *stand up for themselves* (232-236) and be *vocal*, assuring others that they would not 'clam up' when placed under pressure, especially group pressure in the case of Mary (119; 140). They needed to be *objective* or level-headed (63; 174-177), and assure the controllers they had the *correct friends* (69; 234).

69	**F**	You can see? there's not a lot really that concerning Mary that we're worried about ... just making sure she doesn't get in with the wrong group an' starts getting astray ...

174	**S**	But you describe it as very different ... in comparison to the

		boys.
175	**F**	Totally
176	**S**	Mhm
177	**F**	Totally. She sees things at takes them at face value more than they do.

On various occasions, Mary had shown she met these requirements and even attempted to show that she did by, for example, differing with the main controller and standing up for herself (123-125). She also did it by qualifying or explaining the places where she was described as quiet (128-135), or showing that the controllers knew her friends (298-299). More importantly she said that she was able to stand up for herself (328; 123; 149-153), with strategies to ensure she was not caught in the trouble her friends might cause (333-337).

123	**D**	(Interjects) I'm not quiet at school
124	**F**	You can't get a word in anyways.
125	**D**	I'm not quiet at school?

149	**S**	So around them you're, ... are you quiet? Do you think they'll describe you as quiet or not quiet?
150	**D**	Not quiet (Laughs)
151	**S**	Not quiet at all
152	**S**	Are there classes that you talk a lot in?
153	**D**	... English

If all these requirements were not met, the controller might decide to **help** (71-76) to ensure Mary was not led astray. This was accomplished by *using the roles of the controller*, discussed previously. He may also have decided to *persuade or inform* Mary (the person trying to obtain authorship) *how she should feel or think* (45; 51; 128). He used his *own position of authority* (59; 124) or alternatively *referred to the authority of others* to support his own point of view (69-71; 128-130; 140).

69	**F**	You can see? there's not a lot really that concerning Mary that we're worried about ... just making sure she doesn't get in with the wrong group an' starts getting astray..
70	**S**	Mhm
71	**F**	'Cause hhh ... I mean it's as I said, last week a teacher at her previous school warned us that a couple she was sort of friendly with ...

128	**M**	No, You see, that's the thing, Mary, you are but you don't realise. Even the teacher in your report, even though you've got a good report, but, one of the few problems they highlight ... was that you don't join in with the class, that you sit there quiet ...
129	**D**	That's in German because I don't like sitting next to Paul.
130	**F**	...That's in three or four lessons, she very quiet and the teachers have highlighted in her report.

140	**F**	But teachers point out that in several areas she very quiet

		and very withdrawn.

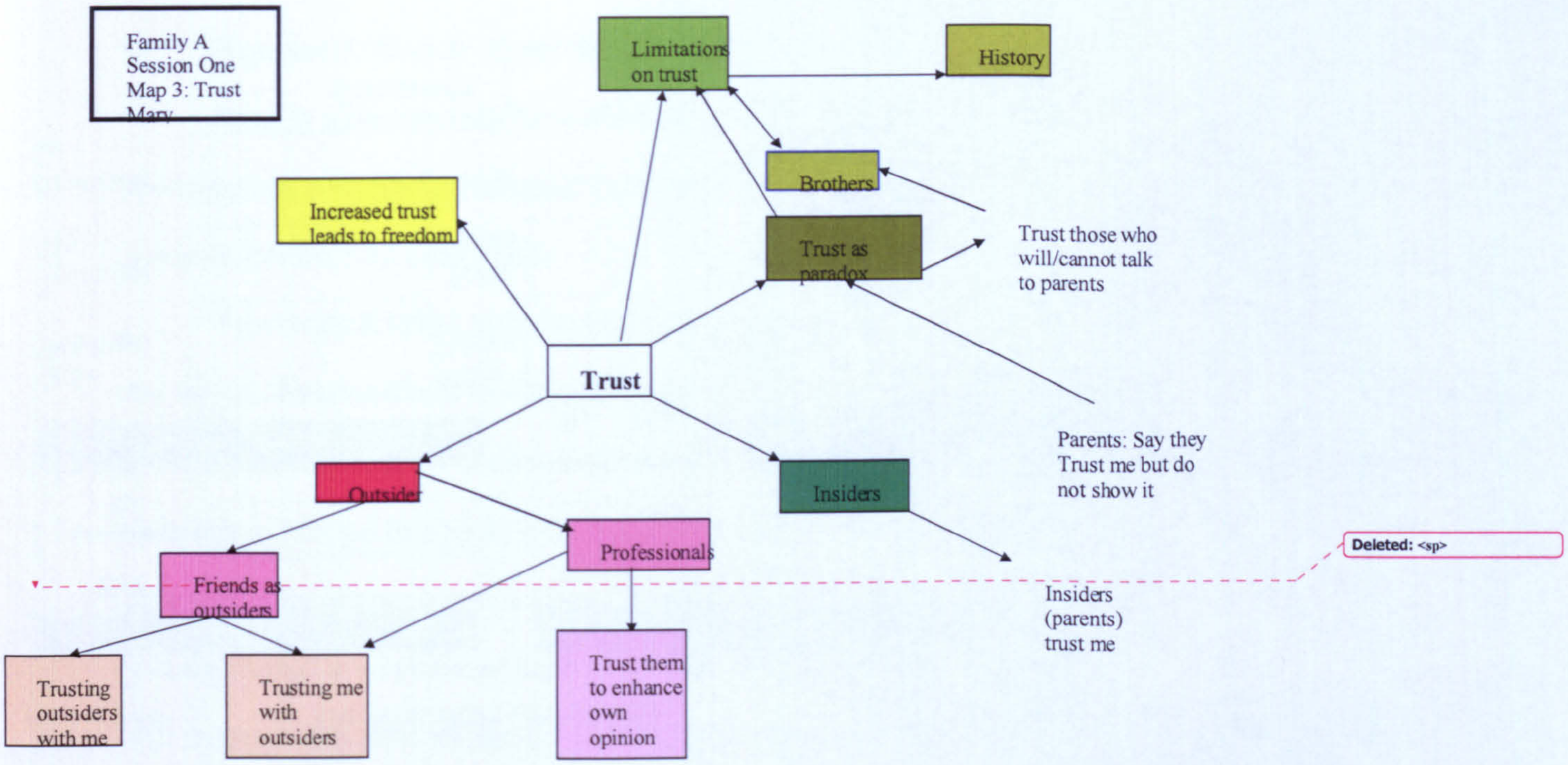
From this first meeting it was clear that **history** played an important part in the authorship of Mary's life story. Mary *inherited* this history *from her brothers* (52; 194), who had placed specific role expectations on her (115). Although she had proved herself to be different from her brothers, she was still *compared* to them and treated like them (194-200). Her *mother's history of mental health* was the main reason why Mary's behaviour was seen as a concern (78-82).

78	**M**	I was concerned at one time that she has a mental health problem, same as me.
79	**D**	(Utters something barely audible)
80	**M**	Cause she was doing things I used to do, and, just why I've hhh, said to my social worker
81	**S**	Mhm ... OK ... What made you think that, that there might be ... a mental health problem?
82	**M**	She's always cleaning her room and moving the furniture ... that's very spotless and everything has to be in exactly the right place and you mustn't move anything. And I used to be like that ...

Mary had developed some unique strategies to ensure she **maintained some authorship over her life**. This she had done by keeping parts of her life private (255), or in "*their own secret world*", with the *assistance of her*

friends (245-248). The alternative to talking to her friend was to talk to *persons she knew would never discuss anything with her parents* (336).

245	**S**	... I'm just wondering, do you think if she ... let's say her friends do something wrong. Do you think she will discuss it with you?
246	**F**	No, 'cause she doesn't always tell us what, she never tells us what's gone on between her friends.


Family A
Session One
Map 3: Trust
Mary
Limitations on trust
History
Brothers
Increased trust leads to freedom
Trust as paradox
Trust those who will/cannot talk to parents
Trust
Parents: Say they Trust me but do not show it
Outsider
Insiders
Professionals
Friends as outsiders
Insiders (parents) trust me
Trusting outsiders with me
Trusting me with outsiders
Trust them to enhance own opinion

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C) Session 1: Map 3: Trust: Mary

Trust is a prerequisite for authorship (182) and *to freedom*. It was presented as something that could be *used* (215-217), almost like a key to personal control and authorship.

Trust was directed at three groups of people. These were members of the family, those **outside the family**, and professionals. Adam in his role as the main controller often used the *opinion of professionals* who, because of their status like her teachers, were not questioned (71). Trust in professionals was shown by talking to them about important matters, but just because one person trusted the opinion of a person in authority did not mean the others had to share this trust. When Emma was concerned about Mary's mental health she discussed this with her social worker (80). Adam felt this concern was misplaced and questioned it (170).

170	**F**	We've got no concerns of ours, I mean it was Joe who brought it up, the social worker, and personally just 'cause at the time it was coming through, I mean typical teenage pha ... pha ... phase of playing music too loud you know, testing the boundaries a bit.

Adam took two different approaches when considering whether they could trust Mary's friends. The first was to consider whether *he could trust others with Mary.* He was concerned about the effect her friends might have had on her and the warnings from people whom he trusted (69-74). This trust was also placed in a much wider context, namely trust in the world around them, as against fear of the risks such a world might pose to Mary (220-224).

220	**F**	Bu' that's not, not more of a case with trust in her; that's more of a case of trust in everyone else around her ...
221	**S**	Mhm
222	**F**	I mean you get all these horror stories ... I mean we've had a couple of local ... cases of ... hmm ... attempted abductions ...
223	**S**	Mhm
224	**F**	So that's, that's more not us trusting her, but trusting everyone else in ***, sort of thing, you see what I mean?

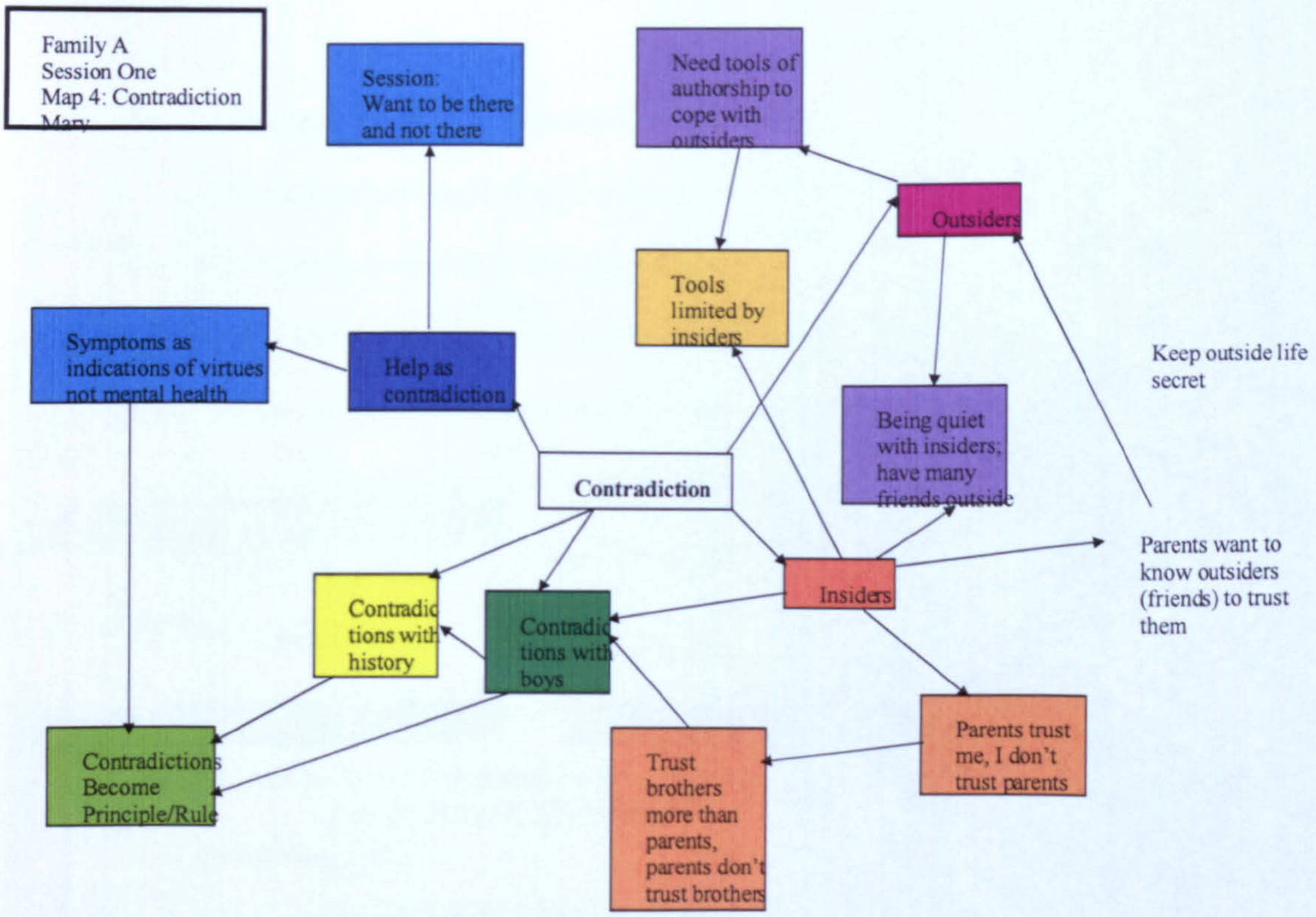
Adam in particular needed to be assured that he could *trust Mary with her friends* (the second approach). Although Emma was clearly willing to do this (182-185; 315-318), it was again Adam who withheld trust by referring to Mary's apparent inability to stand up for herself (232-234; 325).

When it came to trust from **insiders** (i.e. the members of the immediate family), trust was a *contradiction.* Emma said it would be better for Mary if she were given greater trust (182-185; 287-294). Unfortunately, as with control and authorship, trust was limited because of experiences from the past (194-196). These *limitations to the levels of trust* were monitored by the main controller (218-224).

218	**F**	Well, suppose we could let her go to **** more. We go' to.. we tend to be pretty strict, we don't let her go to **** if there's no adult present with her friends.

The difference in the level of trust was not only apparent between Adam and Emma. Mary did not allow her parents access to all aspects of her life (246). When asked if she trusted her parents enough to talk to them if she had concerns, Mary said she would rather talk to her cat (266-269) or run away, not even talking to her mother, who seemed to have shown more trust in her than Adam did (329-333).

266	**S**	Will you be willing to talk to your parents or ... keep quiet or ...
267	**D**	(pulls shoulders up)
268	**S**	... Talk to your teacher, who will you talk to? Who would you prefer to talk to?
269	**D**	The Cat (Laughing)


Family A
Session One
Map 4: Contradiction
Mary
Session:
Want to be there and not there
Need tools of authorship to cope with outsiders
Outsiders
Tools limited by insiders
Symptoms as indications of virtues not mental health
Help as contradiction
Keep outside life secret
Being quiet with insiders; have many friends outside
Contradiction
Contradictions with history
Contradictions with boys
Insiders
Parents want to know outsiders (friends) to trust them
Contradictions Become Principle/Rule
Trust brothers more than parents, parents don't trust brothers
Parents trust me, I don't trust parents

D) Session 1: Map 4: Contradictions: Mary

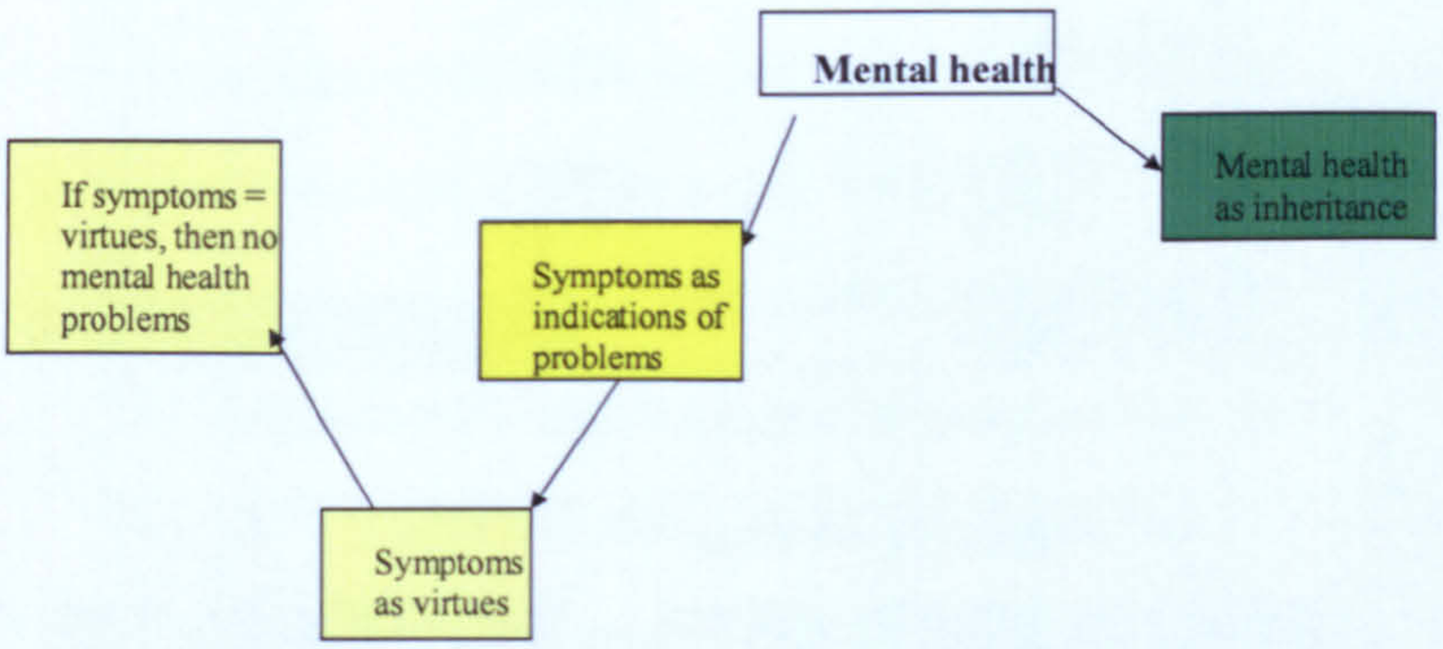
The **session itself (help) was a contradiction** for Mary. After the first contact, Mary had said that she wanted to be present at the next session. When the session started she *did not want to participate, but did not want to leave either*, saying she was afraid of the video but wanted it to go ahead (5-10). The main reason for the family attending the sessions was their *concern over Mary's mental health*. It was soon clear that these concerns were not well-founded (28).

When she was again provided with the opportunity to leave, Mary decided not to leave the room, but opted to remain to listen to everything that was being said (345).

What was most striking in this session were the differences between Mary and her *brothers* (115; 174-179; 194), highlighted earlier. These became so obvious that they had to be acknowledged (209), and an appeal to a change of attitude was made (215-216). Instead of being willing to talk to a teacher or her parents, Mary was willing to talk to her *brothers*, the very people her parents did not *trust* (335-338).

335	**S**	OK. When was it that you had to stick up for yourself?
336	**D**	(pulls shoulders upwards) (Mhmhm) ... I talked to John
337	**S**	You talked to John, your one brother?
338	**D**	Yeah, he was ... (inaudible), it was scary.

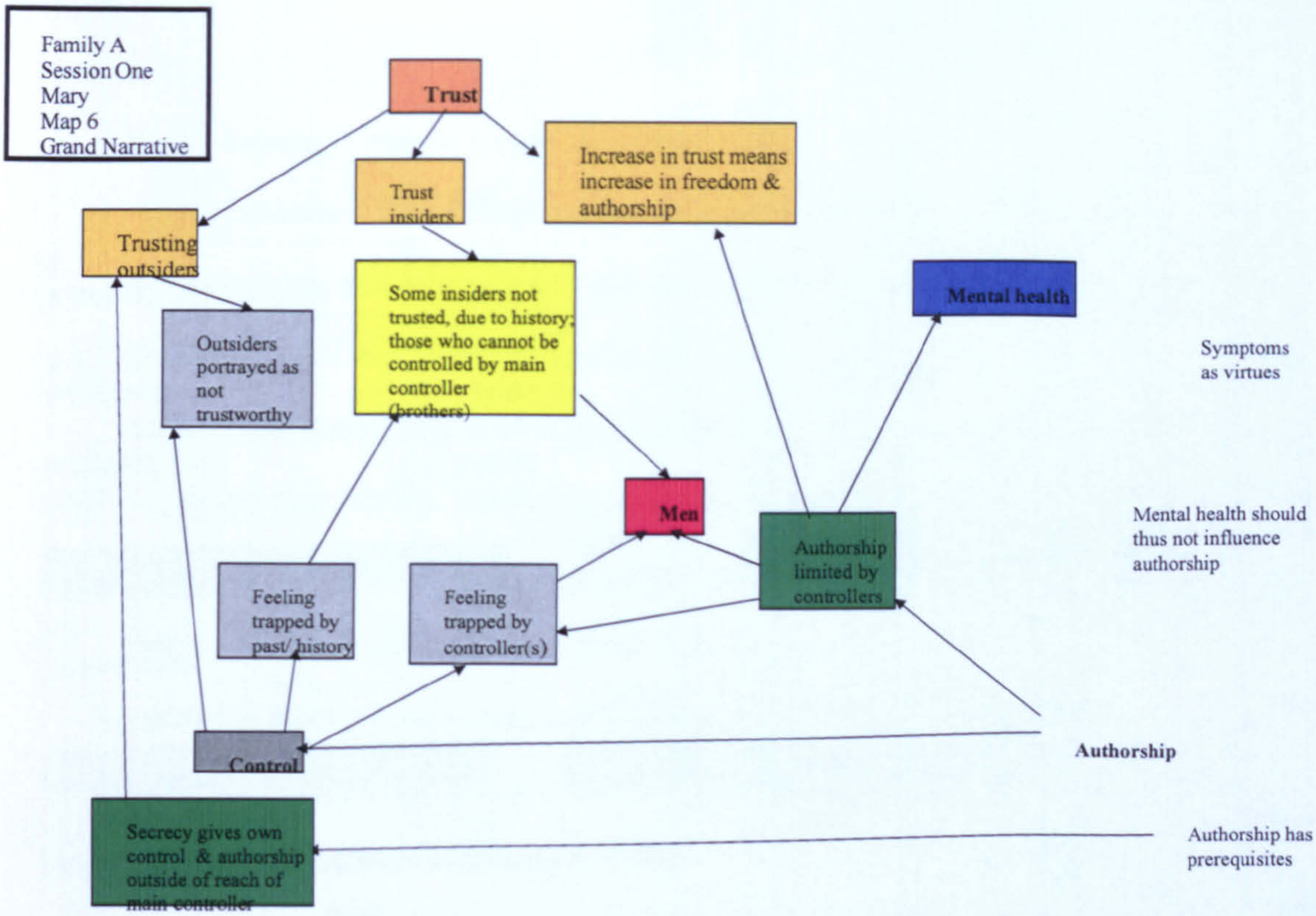
Family A
Session One
Map 5: Mental Health
Mary



E) Session 1: Map 5: Mental Health: Mary

During the first meeting, mental health had been described as something **inherent to the family** (78-82). Because Mary had the same symptoms or behavioural patterns as her mother at the same age, she was seen as having mental health problems (82; 119). When these symptoms were looked at from a different angle, the symptoms becomes *virtues*. They might even have been things other parents would wish to see in their children, (28; 105-110; 160-167), or just things that Mary enjoyed doing (37; 51).

105	**S**	Don't know, OK ... hmm. you mentioned the, the situation with, you know, having everything clean, having everything tidy, and so on. Hmm, ... I wonder what other mothers would say who's got a teenage daughter who keeps everything clean and tidy, what they would say?
106	**M**	... They'd probably wished the same.
107	**S**	They'd probably be..?
108	**M**	Probably be wishing they had the same children.
109	**S**	They had the same children.
110	**M**	They had the same


Family A
Session One
Mary
Map 6
Grand Narrative
Trust
Trust insiders
Increase in trust means increase in freedom & authorship
Trusting outsiders
Outsiders portrayed as not trustworthy
Some insiders not trusted, due to history; those who cannot be controlled by main controller (brothers)
Mental health
Symptoms as virtues
Men
Authorship limited by controllers
Mental health should thus not influence authorship
Feeling trapped by past/ history
Feeling trapped by controller(s)
Control
Authorship
Secrecy gives own control & authorship outside of reach of main controller
Authorship has prerequisites

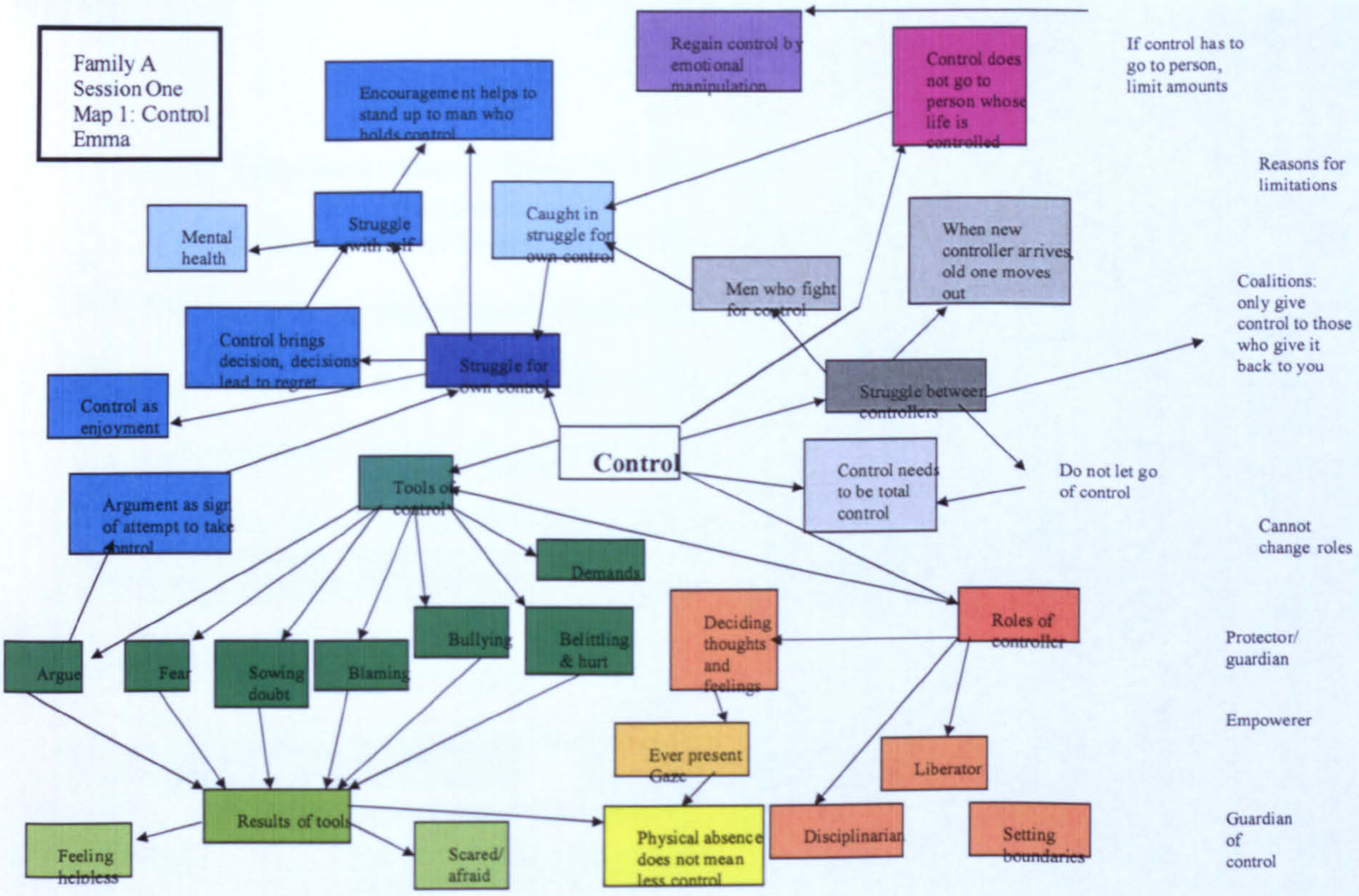
F) Session 1: Map 6: Grand narrative: Mary

I expected that mental health would have the most complicated and intriguing map, but references to mental health were quickly outnumbered by those to control and trust. The grand narrative of Mary's life was one of control, and specifically control by men. Mary felt trapped in the control Adam exercised over her life. Whenever either Mary or Emma had made attempts to highlight the positive in Mary's behaviour Adam had repressed these by referring to her inabilities. Her brothers' history as young men was used to justify the strict discipline over her life. Adam did not trust the brothers because he could not control them. The same was true for her friends, who were also outside of his control.

For Mary to have more control and authorship over her life she needed to meet the minimum requirements. One of the reasons she had not met the requirements to be the author of her life story was her mental health. This was soon turned from a restriction into a virtue. Authorship was also linked to the trust others had in her. One way in which Mary had been able to maintain some degree of freedom and authorship had been through keeping parts of her life, especially her life with her friends, secret. In the centre of the limitations to her freedom and the restrictions of her life were the men in her life, namely her stepfather and her brothers.

6.1.2. Emma: Grand and Micro Narratives

The following discussion will now focus on the nodes and their application for Emma.


Family A
Session One
Map 1: Control
Emma
Regain control by emotional manipulation
Control does not go to person whose life is controlled
If control has to go to person, limit amounts
Encouragement helps to stand up to man who holds control
Reasons for limitations
Mental health
Struggle with self
Caught in struggle for own control
When new controller arrives, old one moves out
Men who fight for control
Coalitions: only give control to those who give it back to you
Control brings decision, decisions lead to regret
Struggle for own control
Control as enjoyment
Struggle between controllers
Control
Control needs to be total control
Do not let go of control
Argument as sign of attempt to take control
Tools of control
Cannot change roles
Demands
Argue
Fear
Sowing doubt
Blaming
Bullying
Belittling & hurt
Deciding thoughts and feelings
Roles of controller
Protector/ guardian
Ever present Gaze
Empowerer
Liberator
Results of tools
Feeling helpless
Scared/ afraid
Physical absence does not mean less control
Disciplinarian
Setting boundaries
Guardian of control

A) Session 1: Map 1: Control : Emma

Map One shows that control in Emma's life had developed into a complicated web that covered almost all aspects of her life.

Just as in the case of Mary, control also had specific **tools,** or strategies that the controller used. One of the most powerful tools had been to *belittle and hurt the person* being controlled (601; 653-655). This was sometimes done in an environment where she wanted to take charge – for example, in front of her own children.

601	**F**	And that has been, always been the problem. Whenever Emma has tried to stand, step out, and take control, her parents in front of the children, which is makes things worse, in front of Peter and John, have stamped down on her.

The hurt or emotional pain was inflicted repeatedly by people from whom she would normally expect love and warmth (713-722). The controllers set *demands that* were non-negotiable (464; 526-528). These demands often had to do with things the person being controlled felt guilty about, like helping with the paper rounds of Emma's sons, who were at this time living with her main controller (her father).

Bullying was often employed not only by the main controller but also by those trying to gain control or who had previously had control, such as her sons (349-351; 415). Her father would also *blame* the people who might try to give the control back to Emma or take it from him (347; 451-461). On some occasions there were struggles between the various controllers (Adam and Emma's father) who tried to blame and *sow doubts* about each other. Emma's

father had tried to sow doubt about Adam and his intentions (460), whilst Adam made adverse comments about Emma's father (653).

457	**S**	OK. OK. So when you tried to take back this control ... what, what did your dad start doing? How did you know that he didn't like it?
458	**M**	... Well he came and have an argument with you didn't he?
459	**F**	He came and stormed into the house and got me ...
460	**M**	Yeah. And and he's, he didn't like Adam being around, and said he only wanted me for my money that I've got and he couldn't possibly want to marry me didn't he?

Emma had a *fear* of the main controller (484-485; 804). This fear had been instilled by using all the other strategies of control and aggressive actions such as shouting (474; 829) and *arguing* (526). These arguments often took place between people fighting for control (495-497; 725).

These tools of control **left the person being controlled** feeling *helpless* (800) and *scared or afraid* (804; 817-818; 873).

800	**M**	I don't see how I can stop him.
801	**S**	Mhm ...Think of any, if he phones, what are you going to say to him?
802	**M**	... Well, I suppose I could lie to him, but then that will worry me.
803	**S**	What would happen if you say to him, I'm not I'm not getting up now; I'm having a lay-in?
804	**M**	I wouldn't dare do that to him.

817	**S**	How would you feel?
818	**M**	... I'd probably likely to feel scared.

The only tool of control that was sometimes an indication of *Emma taking back some of the control* was arguing (497; 524). Although Adam was in the process of taking control of her life from her father, Emma was willing to argue with Adam (512-514). These examples of arguments between Adam and Emma will be discussed further.

The person holding the main control had specific **roles** to fulfil. The first of these was to act as the *protector or guardian*. On some occasions, Emma's father may have wanted to protect her from Adam, whom he viewed as not honest in his intentions (460). On other occasions it was Adam trying to protect Emma from her father (478). Emma's mother's actions may have been honest in her own mind, attempting to keep her daughter away from the mental health support groups and thus from other people with mental health problems and the stigma attached to this, but this caused more anxiety and did not come across as caring (720-724).

720	**M**	Like the day centre, she doesn't like me going to the day centre. With all those people she calls them, as if I'm going to catch something.
721	**S**	Mhm
722	**M**	And I said I'm the same as all those people, that's why we're all there for.
723	**S**	Mhm

724	**M**	And she doesn't like that, does she?

Control could also be placed in *guardianship* (744-746). When Emma was asked who she wanted to keep her control whilst she was in the process of taking it back, she asked Adam to do this. After he was appointed as the guardian he also acted as her *empowerer* (462; 480; 784).

462	**F**	We had, he had, I mean we had, the problem was I was telling Emma to stand up to him, and say to her, if you don't want to do it, don't do it.

784	**F**	I think, I don't know, let's just get more self-belief in her, more self-belief.

Linked to the role of empowerer and protector was that of *boundary setter*. When demands were placed on Emma that Adam was not happy with, he set boundaries to prevent Emma's father from abusing her and showed who was then taking the decisions (462-470). He took over the role of handling *discipline*. When he felt that the boundaries were not adhered to, Adam enforced them by using his position of authority (576-584; 586).

576	**F**	Slightly less and ... I mean ... as far as I was concerned a 12-year-old boy doesn't tell and adult what they have for tea, what clothes they wear, what they're doing during the day. I mean in terms of, you're not doing that you're staying. Yes I will, there'll be someone here to come back to during the day to have my dinner ready.

This caused a conflict between Adam trying to impose his discipline and control and Emma's father, who was losing control (415), which led him to use the tools of control, namely to belittle, blame, or argue with Adam.

415	**F**	They were just ... the biggest problem ... was ... if you did tell them off, her parents would come up in front of them and have a go at you for telling them off

Adam tried to act as a *liberator* (460-470). This role was taken up more frequently when there was a struggle between the controllers. Adam often talked about his attempts to liberate or empower Emma (460-464; 480-484), even portraying her as an unwilling recipient (502-504; 524-528.) Emma in turn later portrayed Adam in this role of liberator and protector (558-560).

The last and most probably one of the most influential roles was *deciding how the person being controlled should feel, think, and act (838-841; 789-791; 829)*. Sometimes the control of thoughts and feelings could be *empowering* (480). An example was Adam assuring Emma she did not need to be scared of her father or explaining to her why he thought she acted in the way she did (45; 51; 528; 657; 909), but these same bits of text could also be regarded as him telling her what to think and feel.

As the control had been ongoing for many years and was absolute in nature, the controller created an **ever-present gaze** (688-708). The effect of this gaze was that Emma would consider the opinion of the controller in all her actions. This gaze was inescapable.

688	**S**	Mhm. OK. ... Did it ever feel as though he's sort of,	

		watching over your shoulder the whole time?	
689	**M**	... Yeah, it probably did.	
690	**S**	Mhm ... And when you left home, did you still have that feeling? ... I wonder what Dad will say?	
691	**M**	Mhm I was probably still leaving when I was with my first husband; I'll probably ring them up and ask for permission to do something,	
692	**S**	Mhm	
693	**M**	And seek their approval first	

The control that the ever-present gaze was built on seemed to be **complete or total control.** It ranged from Emma's sons deciding what was eaten, what clothes she should wear, and what the other members of the family watched on TV (576-584), to her father deciding on how her home should be decorated or taking over her lawn to plant potatoes for himself (667-677), to what time she should wake up in the morning (789-791).

789	**M**	I mean, tells me what time I should get up in the morning, didn't he?
790	**F**	Yeah, and then he'll, even ring and tell her to get up..
791	**M**	If I'm, he'll ring on Sunday morning and say why aren't you up? Perhaps ring early in the morning, won't he, when were having a lay in, won't he?

Something that was striking about the controllers was their attempt to remain in control and **not to change their role** even when circumstances

changed. After Emma's mental health improved and she was able to take control, her sons still prevented her from doing so (407-412). This was done in conjunction with Emma's father (415-417). It was important for the controllers **not to let go of the control** they had (429-432; 451-452; 597-599; 761-765). Because control is not something Emma had previously enjoyed, it was a scary thing to take on when offered for the first time (483-485). When she was offered the opportunity to take more control she was reluctant to say yes immediately.

There were three groups of people **struggling for the control** of Emma's life. These were her father, her partner, and her sons, all ignoring her personal struggle. The people involved in this **struggle were all men**, or in the case of her mother in a coalition with the men (712). In these struggles the tools of control were again used, such as arguments (458-470) or attempts to instil fear in others, much like the struggle for dominance between alpha males (474-478; 576; 663-667; 725). This was like a struggle between male baboons **when a new dominant male (controller) arrived the previous controller(s) had to move out** (558-560; 567-569; 612-613).

474	**F**	And giving it to Emma. But as I, I was getting fed-up of the way he was pushing her around. Unfortunately, her ex-husband was scared of him.
475	**S**	Mhm
476	**F**	And he thinks everyone is scared of him and I'm not.
477	**S**	Mhm
478	**F**	And I'm trying to stand up to him and tell Emma that you shouldn't be scared of him. You know, he's all mouth and no

		trousers sort of thing.

558	**M**	....I think mainly because they couldn't do what they want any more. When it was just me when I had Tom, when I was on me own with them, they did whatever they wanted
559	**S**	Mhm
560	**M**	And then Adam came along and put a stop to all of that.

567	**S**	And when Adam came, he took the control away from them and was trying to give it to you
568	**M**	(Nods head)
569	**S**	... and that made them move off?

The intervention of the social worker, instead of picking up and challenging this struggle between the various men, had the effect of intensifying it (821). This led Adam to try to draw the social worker onto his side or to use the social worker to support his position (911-913). On only one occasion did the social worker challenge this position (838-841).

One of the ways in which control was permitted to pass to another was within a **coalition**. The person holding control only gave it to someone he trusted and who would give it back to him (439-452; 470; 592; 603; 775-777). This struggle for control of Emma's life often **trapped her between the people fighting for control over her** (483-485; 726-735). The controllers saw to it that the **control was not passed on to the person whose life was**

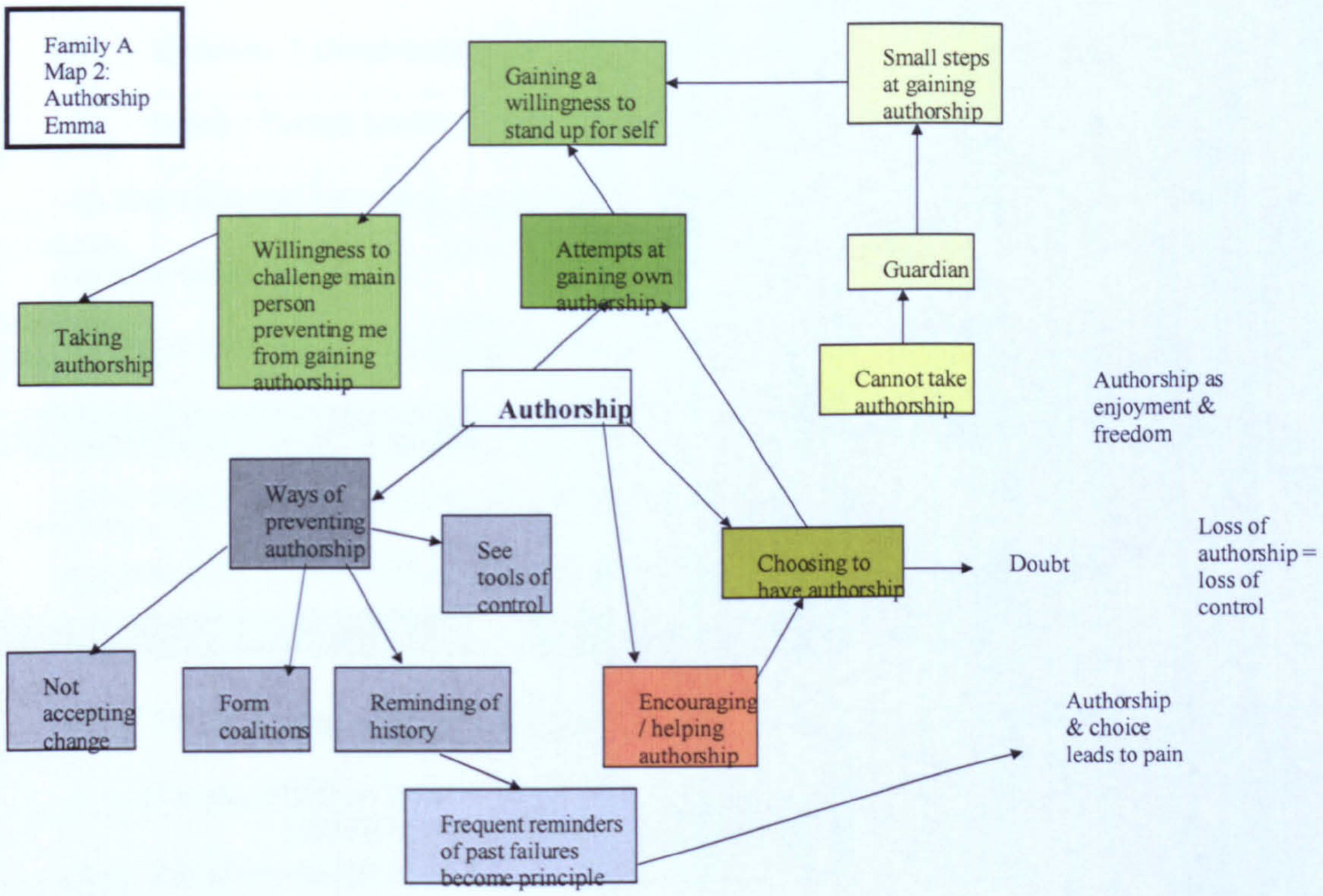
being controlled (451-452; 620-623; 763-765). Even children were placed in charge of Emma rather than giving Emma the control (592).

439	**S**	Your dad ... your dad. He had in in his hands, he had the control in his hands
440	**M**	(Nods head)
441	**S**	Did he ever pass it over to anyone else?
442	**M**	No
443	**S**	Mhm. When he left your home in the afternoon or evenings or whenever, who did he give that control to?
444	**M**	...
445	**S**	Someone must have had it and ...
446	**M**	Peter!
447	**S**	Peter. Your..?
448	**M**	The eldest boy.
449	**S**	The eldest boy. So Peter had it in his hands?
450	**M**	Mhm.
451	**S**	And no one ever gave it to you again?
452	**M**	No.

Her attempts at gaining control were disabled (597-599) by applying the tools of control, especially bullying and belittling or emotional manipulation (601; 763-767).

Emma made various attempts at **getting control back**. As she became accustomed to taking her own decisions she started to *enjoy it more* (636-649). Since the start of her relationship with Adam, and because of the

change in her treatment, Emma had started to take more control. An example of this was the increased frequency of their arguments (514-516), but she preferred not to rush the increase in control. The choice between more control and the consequences of wrong choices left Emma s*truggling with herself* whether or not to take more control (627-633; 740-741).


Family A
Map 2:
Authorship
Emma
Gaining a willingness to stand up for self
Small steps at gaining authorship
Willingness to challenge main person preventing me from gaining authorship
Attempts at gaining own authorship
Guardian
Taking authorship
Cannot take authorship
Authorship
Authorship as enjoyment & freedom
Ways of preventing authorship
See tools of control
Choosing to have authorship
Doubt
Loss of authorship = loss of control
Not accepting change
Form coalitions
Reminding of history
Encouraging / helping authorship
Authorship & choice leads to pain
Frequent reminders of past failures become principle

B) Session 1: *Map 2: Authorship: Emma*

Initially Emma had had very little if any authorship of her story. When she started to tell her story, examples of authorship emerged only later on in the conversation.

As with Mary, control and authorship were again linked and difficult to distinguish. The same **tools** *and strategies used in control were used in authorship to prevent* Emma gaining *authorship*. The following discussion will illustrate how, in the case of authorship, these tools were applied differently.

A strategy used by both Adam's and Emma's parents was to *remind her of her past failures and problems.* This happened as soon as Emma started to stand up for herself or showed some initiative. When Emma spoke about occasions when she took some control (627-633; 644-645), Adam reminded her of occasions when she had not been able to stand up for herself, her difficult childhood (652-655), and her fear of her parents (657-661).

652	**S**	It's seems as though, you've been, you've been able to give her more control?
653	**F**	Well, that's what I'm trying to do. Hm. I still think it goes ... the problem goes back to her parents who've never, right from the day you were born, they've never let you, they've treated her as a child.
654	**S**	Mhm
655	**F**	Even now, they treat her as a 10-year-old, as a, as a 10-year-old child.
656	**S**	Mhm

657	**F**	And I think that's the problem ... hmm ... I think, I think that's what you're scared of, your parents.
658	**M**	Mhm
659	**F**	Basically
660	**S**	Mhm
661	**F**	That's what I'm personally feeling, that's what you're scared of, what they'll say cause you're taking control ... I mean, your father doesn't like it when someone says no to him ... And

When she said she wanted to be the author of her story (738-751), Adam reminded her of her limitations (753-759). When the social worker tried to refocus the session on the need Emma had to be the author of her own life story (768-769), Adam initially agreed and then reminded her again of her failures in the past (775-777).

To enforce control, Emma was pointed to worst-case scenarios. When Adam talked about the way in which Emma's father had controlled her life, he started to speculate on how lost Emma would feel if her father should die, as there would be nobody to take care of her control (753-755), or he elaborated on the unbelievable extent to which Emma had allowed her father to take control of her life (669-673), or on how unable she was to control her own son (576). **These frequent reminders of Emma's inability soon became the principle** according to which Adam took decisions for Emma (759; 676; 775-777).

753	**F**	I mean the only reason, I mean, Emma says it's me and her

		parents fighting each other for the same control. The only reason I'm fighting for it is because Emma won't. And someone has got to stand up to them because otherwise if they don't they are just going to do it right through until ... And then all of a sudden, if no one fights for it and her father's got all the control, what happens the day he dies?

775	**F**	Unfortunately in the past when they were ... we've tried to take, I've tried to take away and give it to her from her father,
776	**S**	Mhm
777	**F**	Soon she'd give it back and give it straight back to her father. So that's my only worry is that she'll give it back to her father,

It was more difficult, especially when she was alone, to act against the *coalition* between Emma's father and her sons. Together they were in control of all aspects of her life and had removed all independence (415; 441-447; 592).

There was also a parallel but paradoxical storyline running concurrently with the one discussed until now. It was a story in which people wanted to try to **help Emma become the author of her life story**. For some time Emma had been trapped in the diagnoses of her mental health. She sketched the consultant psychiatrist as someone who helped her to escape the stranglehold of negative mental health (397; 403). Unfortunately, her family did not appreciate her new ability to take decisions (429-432). Adam tried to

portray himself as protective and helping Emma to take her own decisions and not be overpowered by her father (462-474). Although he was clear that he had by that time taken over the control and thus authorship of Emma's life, he said that his goal was to pass it on to Emma (508; 526; 528-530), encouraging her to show more signs that she had begun standing up for herself (514-516).

508	**F**	I've got, Yes, I got control but I don't like it. And I'm trying to pass it across, pass some of it across to her but she won't take it.

As the session progressed, more and more of Emma's effort to gain authorship came to the fore. Emma became more **willing to take on the role of author** (768-769). Authorship *provided opportunities for enjoyment, liberation, and freedom* (597-599; 644-645; 740-741; 807-808).

She remained anxious, however, in particular about the reaction from her father. After all, Emma had had plenty of experiences of *the pain associated with these attempts* to take authorship (429-432; 531-534; 538-544; 601; 918-920). One such occasion had been when she had first formed a relationship with Adam and her children had moved away from home (538; 612-613). These past events reinforced the **doubts** in her mind. This may have been why most of the statements about taking control were given with a certain amount of *uncertainty* (636-647; 740-741; 800).

636	**S**	OK. The bits of control that you've got now, the parts of control, that you've got now, do you think they make you scared, these small bits and small parts?
637	**M**	Mhm

638	**S**	They do?
639	**M**	(nods Head)
640	**S**	OK. Why do these small bits make you scared?
641	**M**	... I don't know really?
642	**S**	Because to one extent what you're saying to me is, I wish I did it a long time ago?
643	**M**	Mhm
644	**S**	... Are you enjoying the more control that you have?
645	**M**	...Yeah, I think I am.
646	**S**	You think you am ... More or less, what, what would you like, slightly more, bit by bit more, growing used to it until you have it all? Or ... not at all any more?
647	**M**	... I don't know

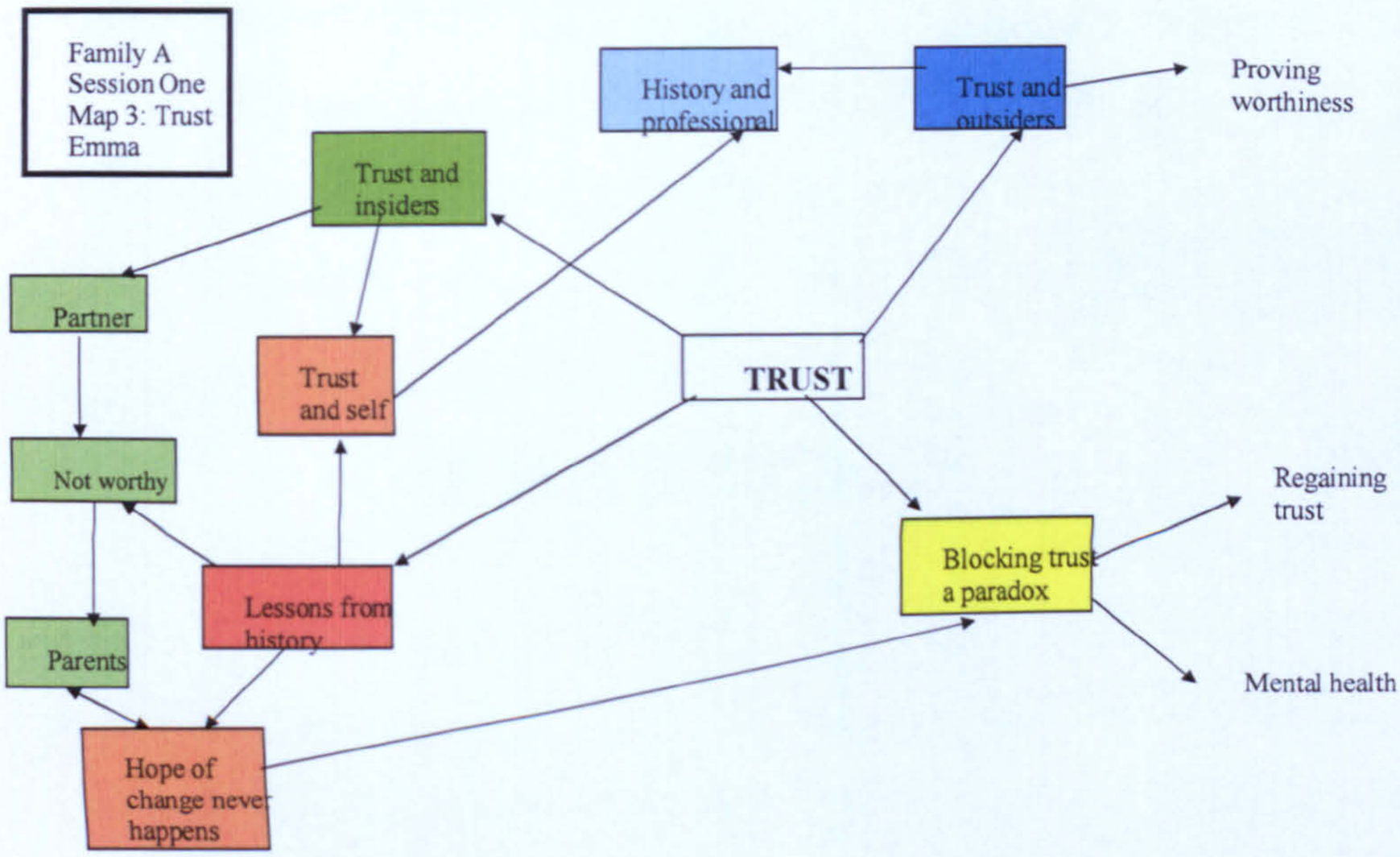
She had to ask for Adam's approval of her opinion (409; 429-430; 458; 488; 501), and in so doing Emma seemed to say she did not feel *ready to take on the role of author.* It was as if she still needed to ask for an opinion from her 'editor' before saying what she felt (488-490; 502; 531-534).

Emma was, however, willing to take *some small steps towards authorship*. Some of these emerged as anecdotes of previous efforts (597-599). On other occasions she illustrated her willingness to become her own author (627-631). These steps, especially towards the latter part of the session, showed *an increased willingness to stand up to her father, who tried to keep the authorship.* Initially these statements merely showed a willingness

to consider a different way of thinking (627-629). Towards the end of the session she considered direct action she could take (807-808).

627	**M**	... I don't think it's right that they should have control.
628	**S**	OK. OK. ... Do you think that you've got some of the control back for yourself now?
629	**M**	...Yeah I think it has, some of it.
630	**S**	Mhm. Just a little bit, or quite a lot?
931	**M**	No, just a bit.

These steps show that Emma wanted to *get rid of the current author.* At this stage in the therapy Emma had asked Adam to keep control over her. Although she was more willing to take on the role of author and controller, Adam still acted as the executive editor.


Family A
Session One
Map 3: Trust
Emma
History and professional
Trust and outsiders
Proving worthiness
Trust and insiders
Partner
Trust and self
TRUST
Not worthy
Regaining trust
Blocking trust a paradox
Lessons from history
Parents
Mental health
Hope of change never happens

C) Session 1: Map 3: Trust: Emma

With Mary, trust was the gateway to, and a tool for getting her freedom. Trust was also something that other people needed to give to her in order to grant her freedom. In Emma's case, trust was not so much a tool anymore. There was a greater emphasis on her trusting herself, just as she had to trust others.

As with so many other aspects of her life story, **history** again played an important role in trust. Emma's willingness to trust others had been adversely influenced by her past experiences. She had always been hopeful that things in her life would improve, or that people would start treating her differently and accept her for who she was. These *hopes had not materialised* (710-715). Emma had been hoping she would be able to trust her mother in particular, but her parents had only brought her pain and she *had not been able to trust them.*

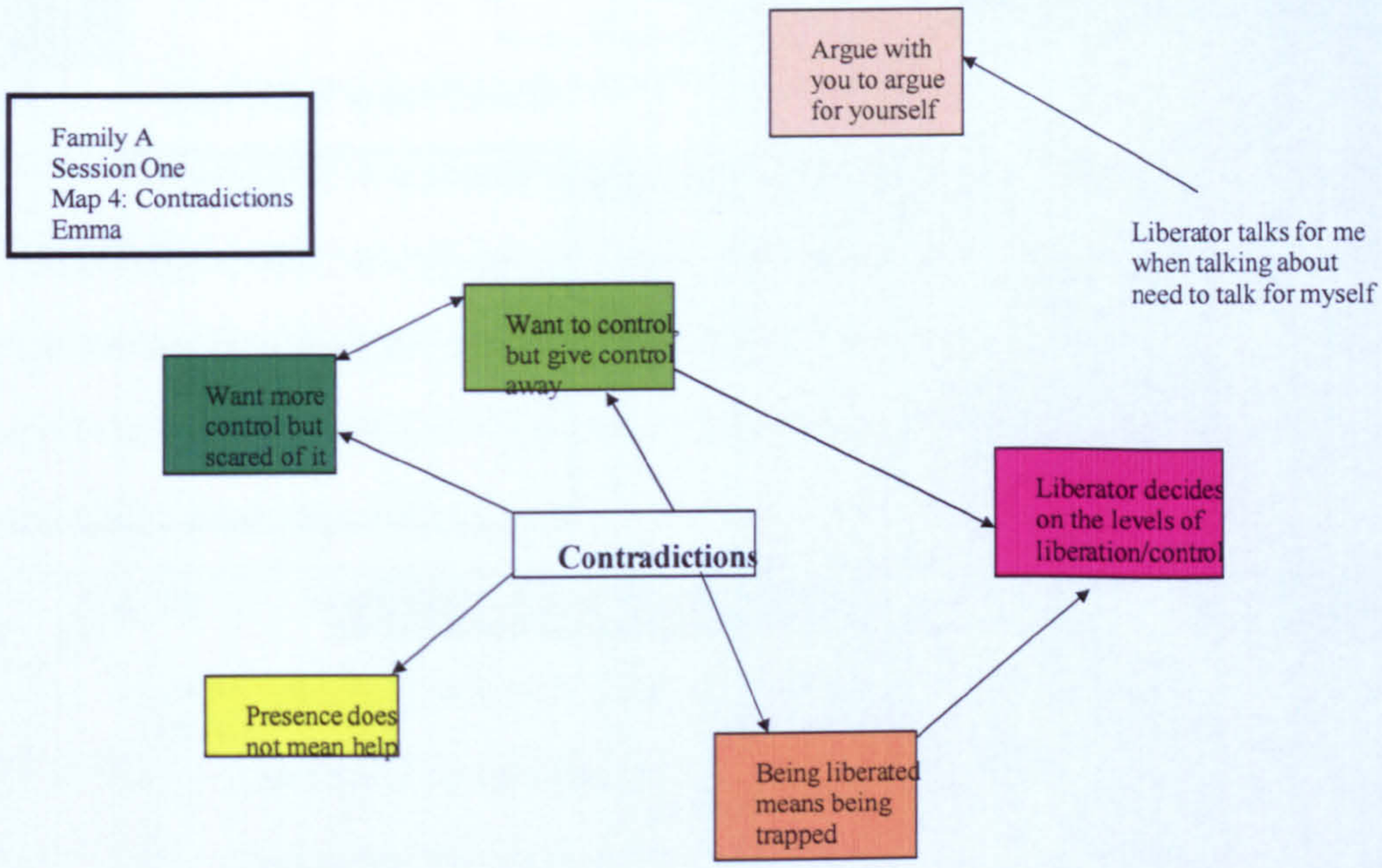
710	**M**	It's not just him, it's Mum as well, isn't it?
711	**F**	(Nods head)
712	**S**	It's not just him, it's your Mum as well.
713	**M**	Cause she always criticises me and says horrible things to me, which hurts.
714	**S**	Mhm
715	**M**	And I always keep going to hurt back, to hope she's going to say something nice, but she never does.

Due to the experiences from the past, Emma was *not sure if she should trust her own judgement and opinion* (531-544), as her own views and

independent actions may have been one of the causes of her biggest heartaches (612-613), namely the departure of her children. Emma did seem to trust Adam more than the other members of her family (744-747), but this trust was not mutual. Adam was able to think of many occasions where he had trusted Emma with control, or to stand up to her parents, but she had not been "*worthy of his trust*" (775-777; 783-786). People who had once been close to her had broken the trust she had in them. For example, her sons (363; 407-409), when she started to recover from her mental health problems, did not want to grant her the opportunity of being their mother.

406	**S**	Mhm.. When you started feeling better, what changed in your family?
407	**M**	...The boys didn't like it.
408	**S**	Mhm
409	**M**	You think?

The one group of people Emma previously had not trusted, but whom she had begun to be able to trust, were the **professionals** involved. Emma had the confidence to discuss her concerns regarding Mary's mental health with her social worker (80) and new psychiatrist (397-403). These professionals had *proven their worthiness* and had been able to restore her confidence in the health professionals. This new relationship had been preceded by a *history* of pain and hopelessness in the advice she had been given by the professionals involved (405).


Family A
Session One
Map 4: Contradictions
Emma
Argue with you to argue for yourself
Liberator talks for me when talking about need to talk for myself
Want to control, but give control away
Want more control but scared of it
Liberator decides on the levels of liberation/control
Contradictions
Presence does not mean help
Being liberated means being trapped

D) Session 1: Map 4: Contradictions: Emma

Although Emma's parents were in her home every day (433-434), presumably to help her with the care of her children when she was unwell, **she did not find their presence helpful** (376-377; 415).Nevertheless, the absence of people, even if their presence was not helpful (558; 576-585), could still cause pain (538).

538	**M**	... No, I'm not (inaudible) ... maybe I thought I was doing the right thing when I left my ex-husband, but sometimes now I wonder if I was doing the right thing, or whether it has been worse for the children, whether I should have stayed with him.

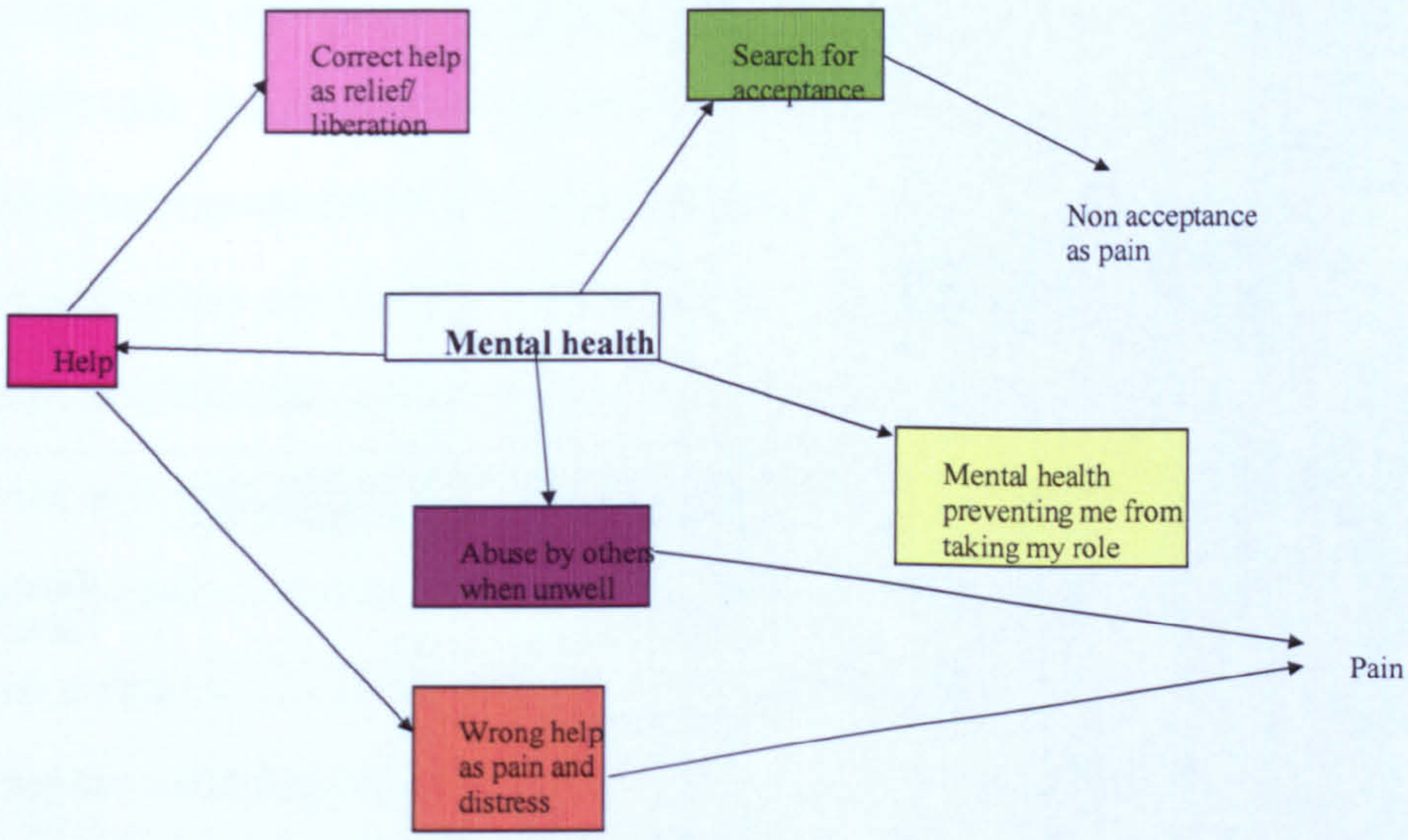
Emma had found her two sons difficult to live with, but when they had left she had questioned her own judgement. This must have been even more difficult, as she had not enjoyed the way they had treated her, but at the same time she felt guilty when they had decided to leave. The contradiction was repeated in her relationship with her mother, from whom she expected support but only received pain (713-714). Despite this pain, Emma kept going back to her mother for support.

When Emma and Adam had moved in together there had been a hope that things would improve. Adam was able to stand up to her parents and children, enabling Emma to take control of her life again, but the **attempts at liberating her left her trapped** in the struggle between Adam and her father (490-496). The new liberator (Adam) *controlled the level of her liberation*, bringing the liberation into doubt (508; 628-629). Adam also had the habit of

arguing with Emma, encouraging her to argue and speak for herself (524-526), but when Emma's needs were being discussed in the session it was Adam (her liberator) *who spoke for her about her needs* (502-504; 512-516).

We see again the conflict between the need for protection and the desire for liberation. The **need Emma had for more control** could be contrasted with her **saying she was scared of control** (636-645). When she did have control she felt guilty about the times she had not taken control (627-633). Having the control she desired did not (in Adam's mind) mean that Emma would keep hold of it. His experience had been that she gave it away the moment she had it (775-777), or when he was not there to guard her.

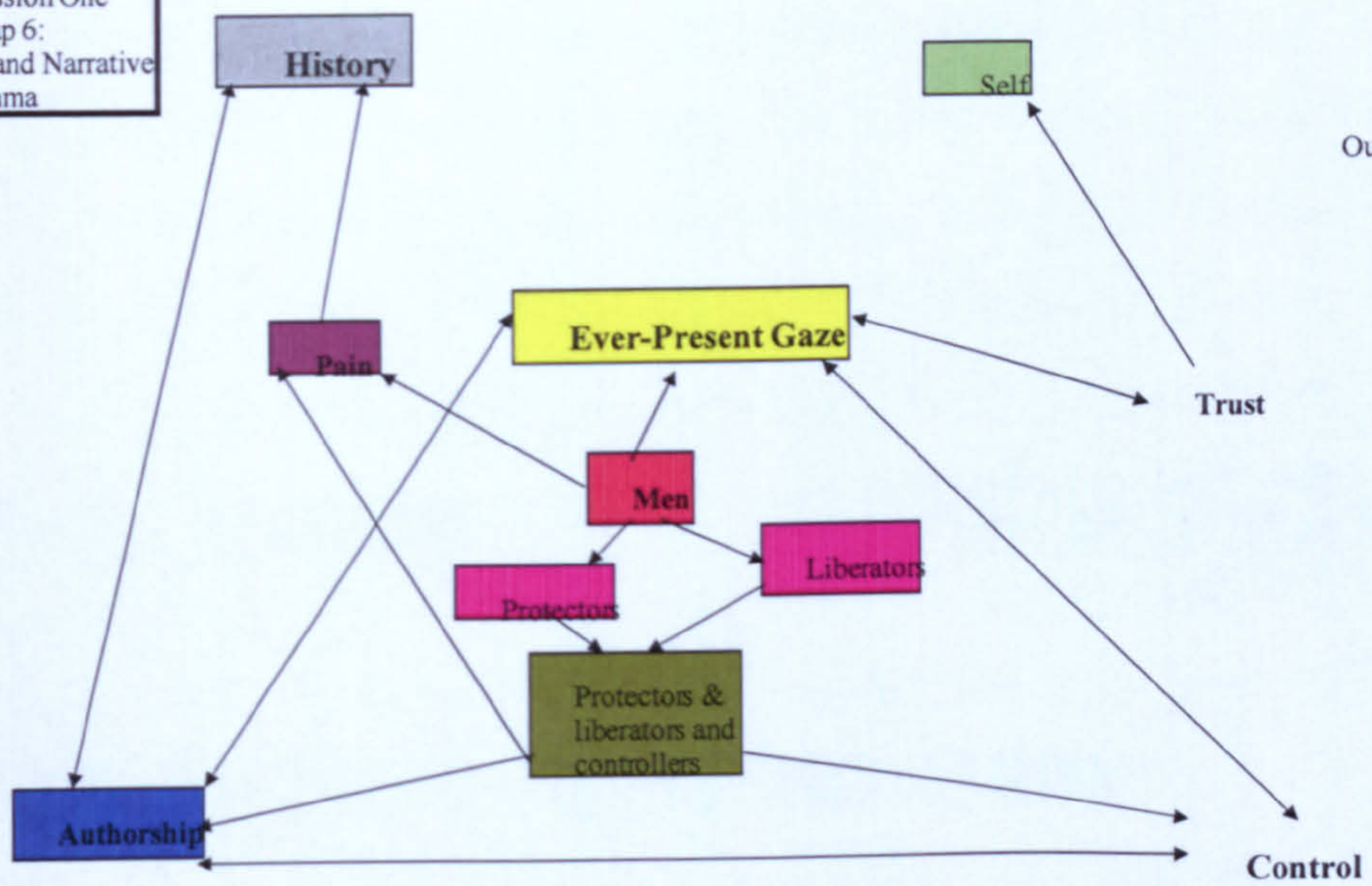
Family A
Session One
Map 5: Mental Health:
Emma



E) **Session 1:** ***Map 5: Mental health: Emma***

A change in the kind of help she had received had led to **liberation and relief** (397-403). The effects on her of the incorrect treatment and help were evident in her manner (403). This **wrong help caused pain.** Emma talked about times when she had been unwell and **unable to fulfil her role as a parent** (363-365; 380-385). This placed her in a position where her sons in particular were able to **abuse her vulnerability** (360-361; 576-580). Emma struggled with the **pain inflicted on her in her search for acceptance** of her mental health problems (713-715; 720-722). Her mother had been able to accept the previous definition of her daughter suffering from depression, but not the diagnosis of schizophrenia. The contradiction is that Emma's ability to accept this label with its stereotypes had brought the correct treatment and relief as a consequence.

Family A
Session One
Map 6:
Grand Narrative
Emma



F) Session 1: Map 6: Grand Narrative: Emma

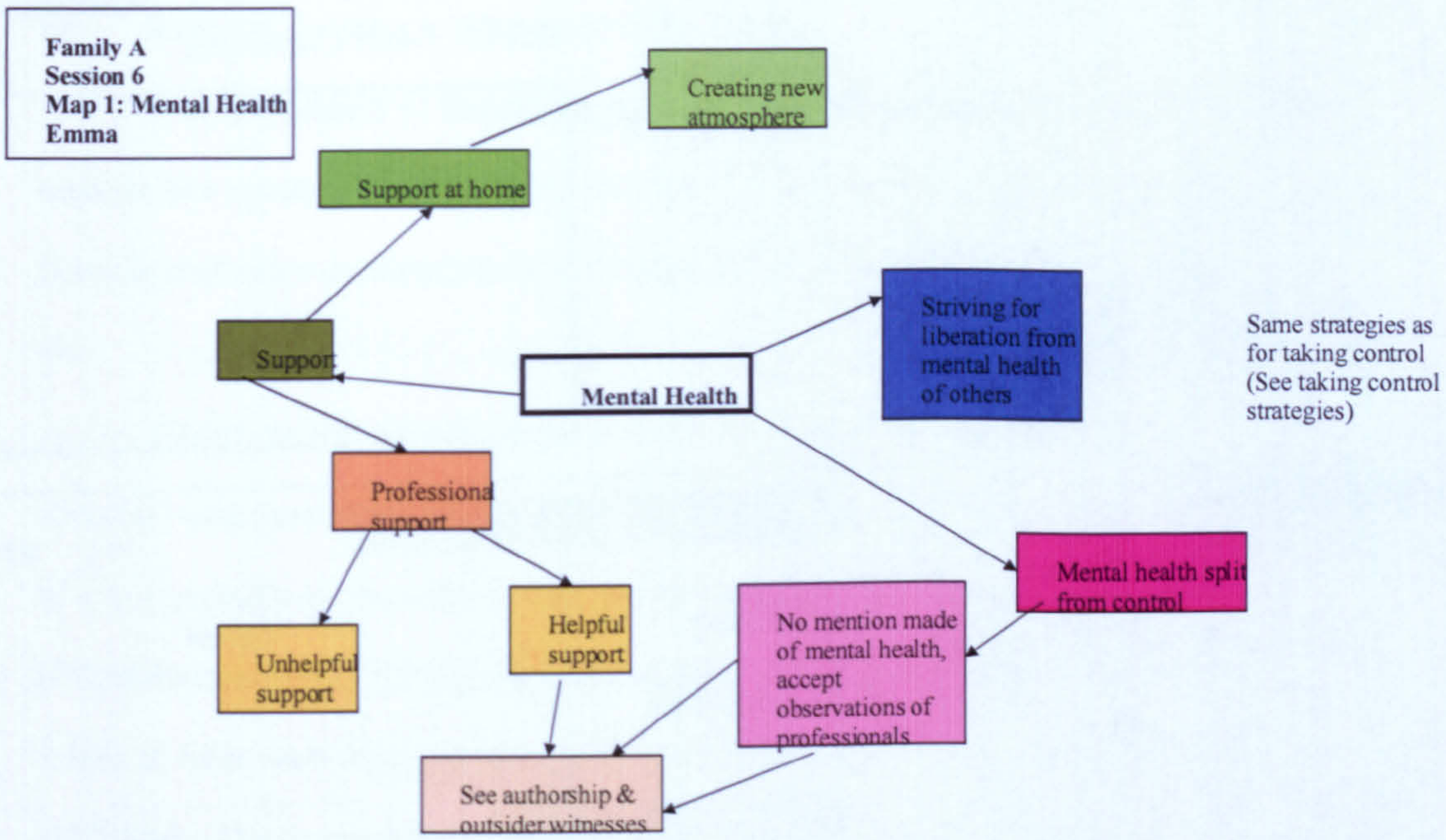
There are various similarities in the grand narratives of Emma and Mary. Just as with Mary, mental health was also initially a centrally important part of the way in which Emma had defined herself, but here again it was not mental health that became the most important part of her story, but rather control by the men involved in her life. Emma was trapped by the control that her father – helped by her two sons – exercised over her life. His control was absolute and covered all aspects of life, even when he was not present. When Adam liberated her from her father's control, he became the new controller of her life, never allowing her liberation to be complete.

The dominant story did not admit Emma's attempts at taking control and her willingness to become the author. These were overshadowed by the history of failed attempts and of men controlling her life. On various occasions Emma had tried to take on the role of author by saying how she saw the future and what she wanted to do when she had control over her story. As was required of Mary, Adam emphasised a need to have confidence in her. Trust was something Emma sought in people inside and outside her family. She tried to persuade Adam to trust Mary. When the discussion centred around her life story she portrayed some people as trustworthy (such as the new consultant psychiatrist and her social worker), whilst others, such as her father and sons, she found difficult to trust.

6.2. Family A: Session Six

6.2.1. Grand Narratives and Micro narratives: Emma

The reader is again referred to Appendix 2 for Mimesis One of this session.



Same strategies as for taking control (See taking control strategies)

A) Session 6: Map 1: Mental Health: Emma

The first aspect of the conversation that is striking is that Emma did not refer to her mental health directly. It was only mentioned when illustrating the change that other professionals had noticed, or as part of changes in Adam's life.

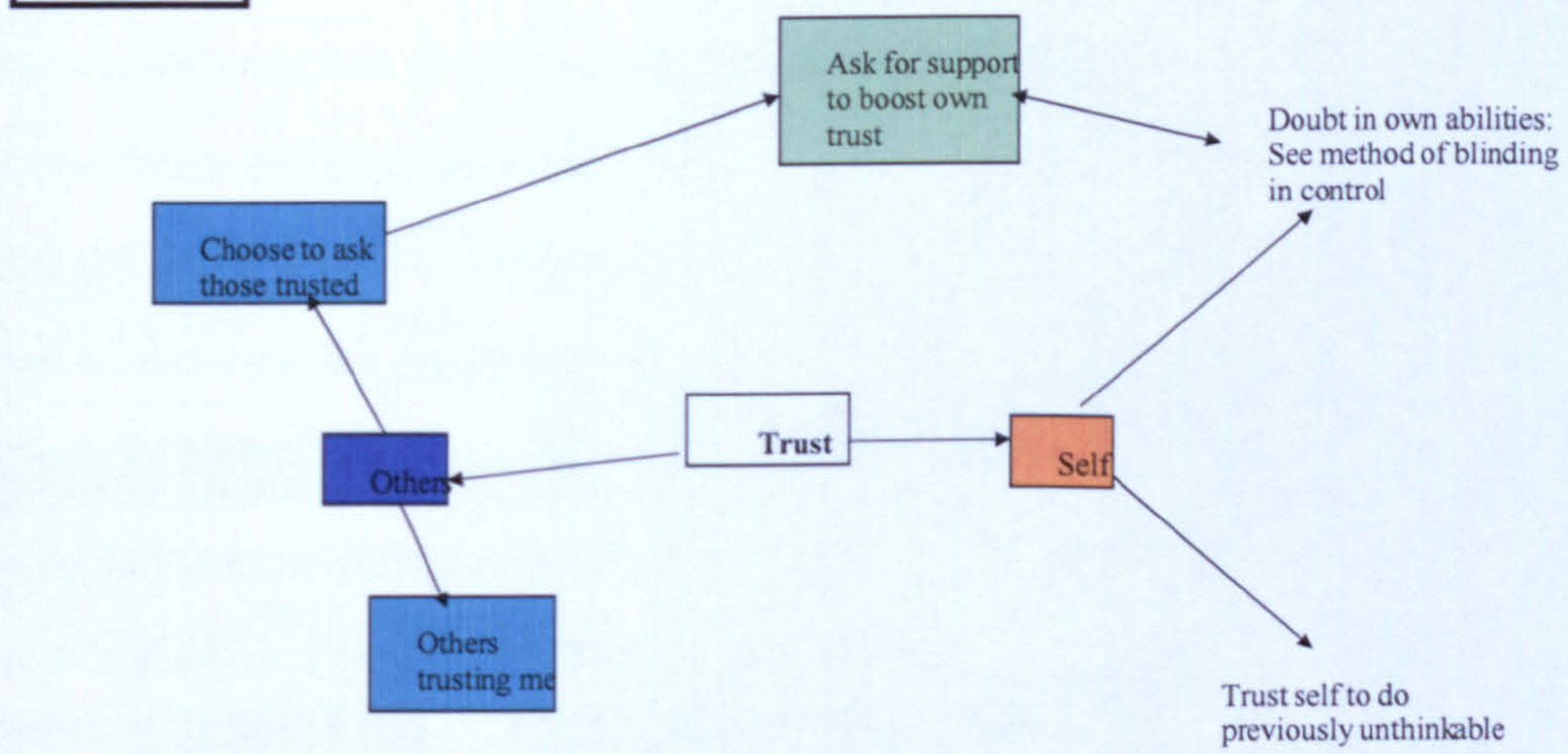
Mental health did still play an important role in Emma's life. She still received **support** that entailed attending psychiatric appointments and going to a support group. In contrast with the first session, she did not find the communication with the psychiatrist *(professional help) helpful* (187). *Other forms of help* were more positive, such as the *support group* she attended (202-204). The comments made by the community psychiatric nurse (378-385) had played a role in the establishment of her authorship of her own life (see Emma, authorship, Map 4).

The most important *support had been at home*, and Emma described this as a very significant change (353-356). However, this was in contrast to Emma's struggle to be liberated from the effects of other people's mental health conditions (283; 287).

283	**M**	I think the atmosphere in the house is more relaxed.
284	**S**	Mhm
285		And were able to do more. And you haven't got quite so wound up have you?
286	**F**	No and (interrupted)
287	**M**	Like today, Mary said to me, can she have a friend round on Saturday. Well, a few weeks ago if she'd ask me that I'd be terrified to ask Adam.

In her struggle to be **liberated from the effects of Adam's mental health**, Emma applied the same strategies she had for taking control back (see taking control, Emma: Control Map Two). At our first meeting it had often been difficult to distinguish between the role of control and the role of mental health. These two had become easier to differentiate.

Family A
Session 6
Map 2: Trust
Emma



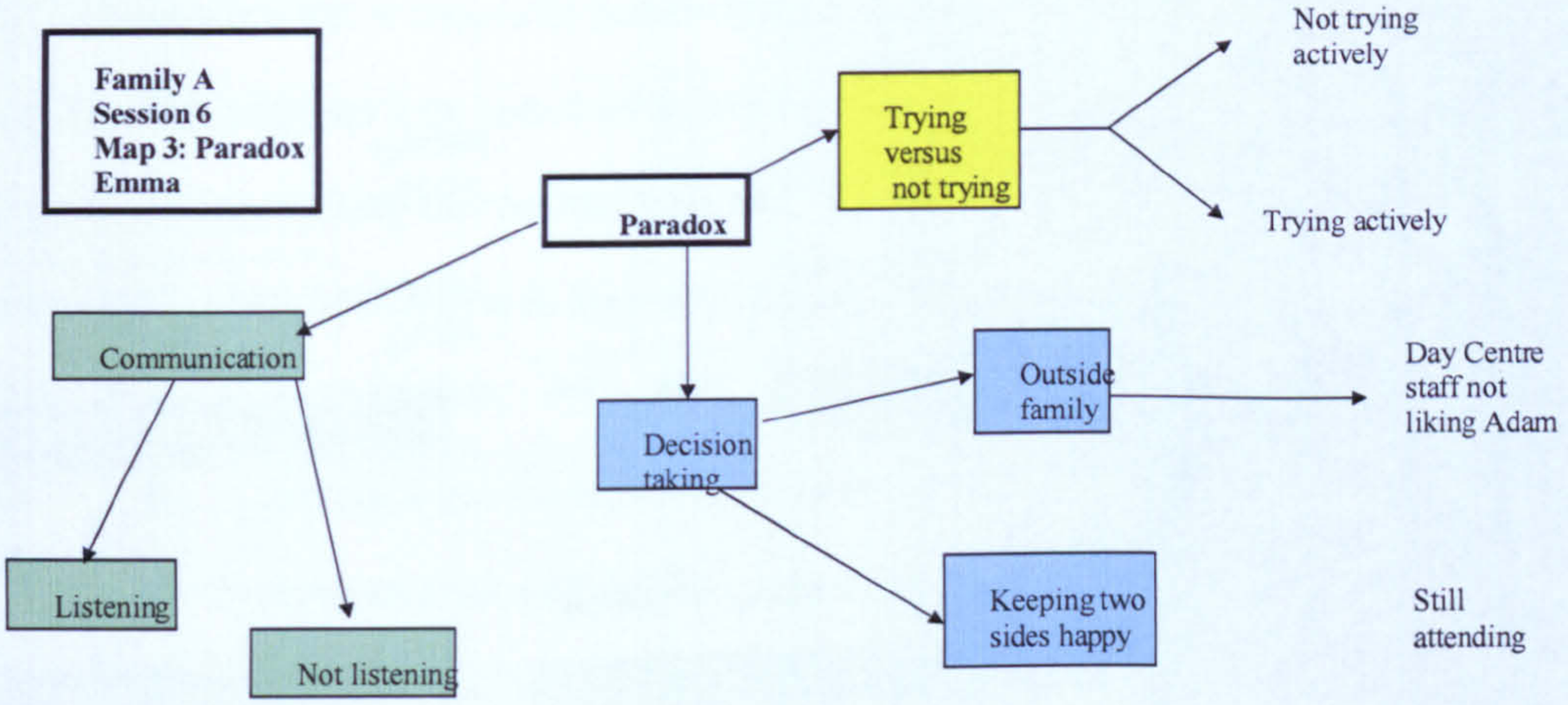
B) Session 6: Map 2: Trust: Emma

Trust was still divided between trust for others and trust in oneself. Emma's preference was to trust people she felt would be able to *boost the trust she had in herself.* She would often ask for confirmation from those she trusted (51-52). Previously she would have asked her father, simply because he had control over her life. She did not mention asking for his opinion once during this session. The person being asked for help was Adam, who had been recruited as co-author in the first conversation. There had been a change in the trust Emma had in herself. She had, for the first time, been able to start doing things she had thought would not have been possible for her (34; 287-289).

287	**M**	Like today, Mary said to me, can she have a friend round on Saturday. Well, a few weeks ago if she'd ask me that I'd be terrified to ask Adam.
288	**S**	Mhm
289	**M**	And it would have taken a week to pluck up the courage to ask him for someone to come over, I probably won't even have asked

Within this trust, however, was a paradox; she doubted her own abilities (51-52) even though she had had successes.

Mary had shown her trust in Emma as someone able to influence the controllers (Adam) (see Map 4: Control); she was *trusted by others* to act as their spokesperson (287). Trust was therefore not only her trust of others, but others' trust in her.


Family A
Session 6
Map 3: Paradox
Emma
Paradox
Trying versus not trying
Not trying actively
Trying actively
Able to assess own change
Communication
Listening
Not listening
Decision taking
Outside family
Day Centre staff not liking Adam
Keeping two sides happy
Still attending

C) Session 6: Map 3: Paradox: Emma

There were still a couple of contradictions apparent in the session and story. The first of these was between **trying to change versus not trying**, or trying and failing. Initially Emma had said she was *not actively trying to change* (137-139), 339-340) and then that it was something *she had been actively trying* to do (347-349).

339	**S**	Emma, were there times in the home that you were conscious of, of trying to get the power back? Control back?
340	**M**	... Not really, don't think so.

347	**S**	OK. OK. ... How often do you think about this situa ... (interrupts self) just consc (interrupts self) you're just conscious of this, trying to get the control back?
348	**M**	... Quite a lot of the time.

In contrast with not making or *not being conscious* of attempts to take control was her ability to *measure the change* that had taken place (361-367).

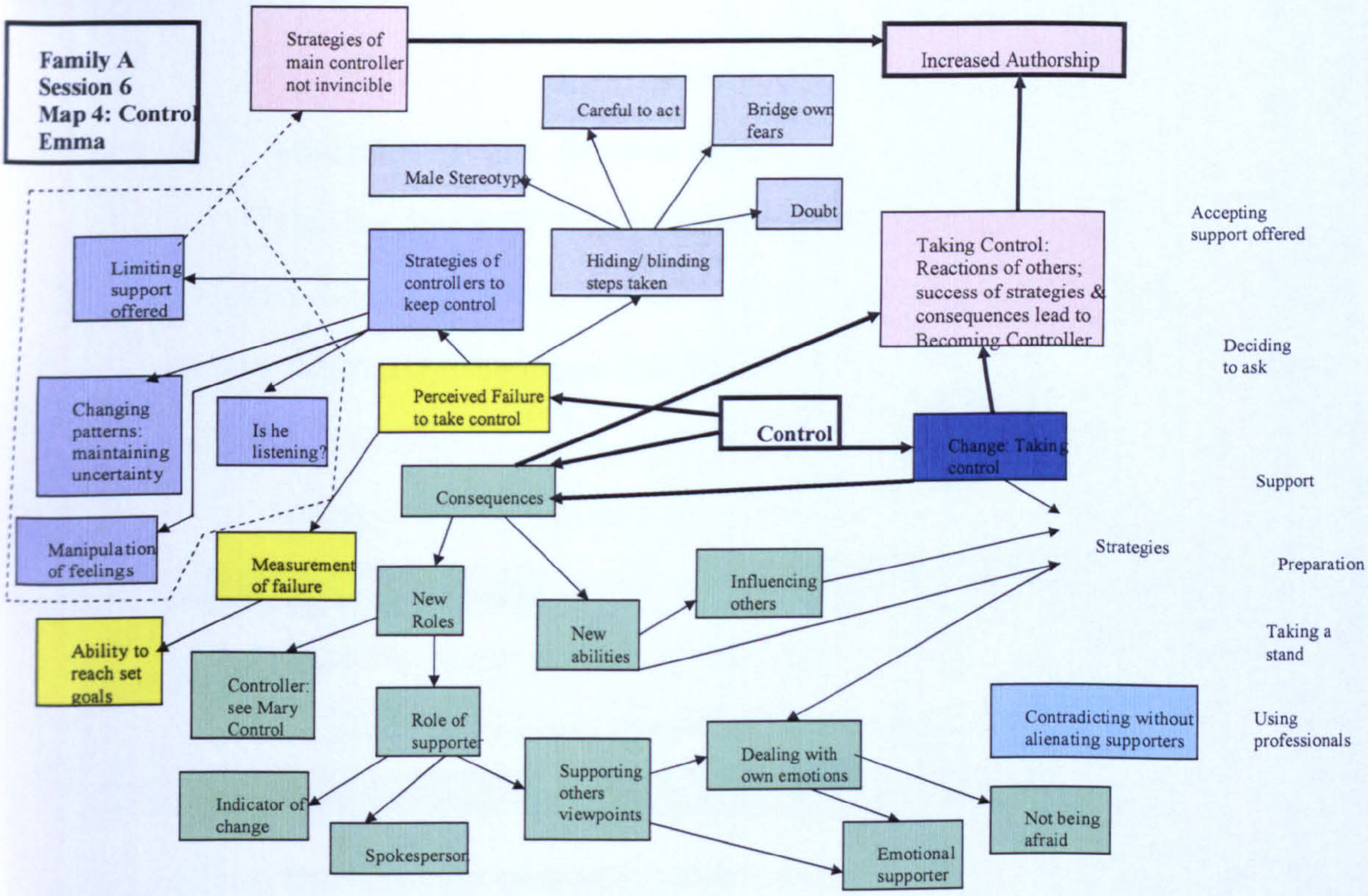
361	**S**	OK. OK ... Remember last time we asked out of, from, if 0 out of 10 is really pathetic and 10 out of 10 is really marvellous, brilliant, what, how would you describe the situation in the home this week?
362	**M**	... At seven
363	**S**	At seven. Adam?
364	**F**	Probably at seven ... To be (inaudiable)
365	**S**	Mhm

366	**F**	Don't consciously think of it
367	**S**	Mhm. OK. I'd like to make a suggestion to you. We've grown from 0 out of 10 and two out of 10 to seven out of 10. And it is something that the two of you have done which is absolutely fantastic. And I'm wondering, ... if for, two or three weeks, we should see how things are without the, the sessions. And then, if we say three weeks then in the fourth week, or end of the third week that we have a session then. And if things are still at the seven out of 10 stage and consciously trying to get the control back, you say you want to act, to really try to do that. And the progress that Adam has made is absolutely wonderful. That we see how things are after that. How would you feel about it?

The manner in which people with and without control were supported had two sides to it. Emma supported *both Adam in his attempts to liberate her and the person Adam was dominating*, namely Mary (148-152). The place she went to for support also showed a contradiction. It had been clear from the start that the day centre had been important for Emma, but this was also the place that had banned Adam from entering its premises (202-204). Just as with decisions inside the home, it was difficult to decide where her loyalties should lie. One of the reasons why she may have chosen to continue attending this centre was that women run it.

Another paradox was shown in the **communication** with members of her family and others in positions of authority. Sometimes her parents *paid attention* to what Emma was saying (42, 468), but on other occasions she was

not *sure* if they had paid any attention at all to what she had been saying (34-53; 480).


Family A
Session 6
Map 4: Control
Emma
Strategies of main controller not invincible
Increased Authorship
Careful to act
Bridge own fears
Male Stereotype
Doubt
Limiting support offered
Strategies of controllers to keep control
Hiding/ blinding steps taken
Taking Control: Reactions of others; success of strategies & consequences lead to Becoming Controller
Changing patterns: maintaining uncertainty
Is he listening?
Perceived Failure to take control
Control
Change: Taking control
Consequences
Manipulation of feelings
Measurement of failure
New Roles
New abilities
Influencing others
Ability to reach set goals
Controller: see Mary Control
Role of supporter
Contradicting without alienating supporters
Indicator of change
Spokesperson
Supporting others viewpoints
Dealing with own emotions
Not being afraid
Emotional supporter
Accepting support offered
Deciding to ask
Support
Strategies
Preparation
Taking a stand
Using professionals

D) Session 6: Map 4: Control: Emma

The map of control is, once again, complex but the contents have changed. It is dominated by control being taken by Emma, the strategies she used to achieve this, the consequences of her taking control, and the reactions of others.

Talking about success was not where this discussion started. Emma started by **saying she had failed**, *measured* by an *inability to reach a set objective* (25-32). At first glance it did not seem as though attempts had been made to increase control (339-340). The main controllers (Adam and her father) had again used specific strategies to limit her attempts at gaining control. One of these had been to *limit the amount of support* they gave to her efforts to increase her control. For example, they didn't express much enthusiasm and they raised doubts about their participation in her conversations (34-53; 187), making her uncertain if they were paying attention to her wishes and feelings.

34	**M**	But I did tell him I couldn't do it next week.
35	**S**	You did tell him you couldn't do it next week?
36	**M**	Yes
37	**S**	And what did he say?
38	**M**	He didn't say anything. I don't know if he listened or not..
39	**S**	Mhm
40	**M**	So whether he'll follow up on that or not I don't know, but ...
41	**S**	Mhm. OK.
42	**F**	Mind you, he's finally listened that ... he's told Peter that he's got to do it and if he don't start doin' it they're going to cancel

		it. So he's finally listened to that.
43	**M**	Yeah.
44	**S**	You have spoken to him about that?
45	**M**	Yeah.
46	**S**	It seems as though there has been one hitch but for the rest was a, progress has been made with Peter?
47	**F**	Yeah
48	**S**	How do you feel about the fact that you've told him you're not going to do it next week?
49	**M**	Hmm ... All right. I just, just, whether I actually carry it out?
50	**S**	Mhm
51	**M**	... But I think I will.
52	**S**	You think you will?
53	**M**	I don't think I'll do it, will I?

The main controllers had also started to *change their patterns*, trying to catch Emma off her guard (29; 91) and thereby *manipulate her feelings* (56-62; 73-75). Emma began to realise these strategies were not invincible and were only their attempts to maintain their control over her (62-66). Unfortunately, her achievements were often undermined, especially by *doubt* (49; 137-139; 339-341). The perceived doubts were often followed by discussions of actual success (339-348). This doubt made it difficult to recognise the obvious importance of her abilities, such as *bridging her own fears* and taking control (34). Sometimes her *reluctance to act* (351-352) may

have been linked to societal (male) *stereotypes*, which were even enforced by the social worker (353).

351	**S**	Mhm. OK. And you're still slightly careful to act on it or you really want to act on it?
352	**M**	... No I think I'm still careful about it.
353	**S**	Mhm, mhm. In what way can Adam help you?

A different narrative started to emerge about control and the role it had been playing in Emma's life. Reading the transcript, it was clear that I had missed many of these **strategies** in our conversation and they only came to light during the data analysis.

The process of taking control seemed to be enabled by clear strategies. The first, specifically to bridge self-doubt, was *asking others for support* (49-53) and choosing to *accept support offered (*91-92; 96-97). The taking of important steps was preceded by a time of *preparation* (81-86).

Clearly the choice to either accept or reject support was important.

81	**S**	We were preparing for that he was going to call you Wednesday Morning.
82	**M**	Mhm
83	**S**	And you were quite psyched-up for Wednesday morning I presume?
84	**M**	Yeah
85	**S**	And then it was too early. But that's not a problem. Because you've already indicated for next week?
86	**M**	...Mhm

Emma had developed the ability to do things unsupported by people who were part of her support structure, but *without alienating these supporters* (146). For example, although Adam did not want to give Mary any money to buy lunch at school, Emma decided she would give Mary the money against Adam's expressed wishes. She was able to maintain Adam's support even though he was not supportive of her actions.

At the time of the first conversation Emma would ask either her father or Adam for their opinion before acting. Now having more control, Emma was *taking a stand*, telling people what she wanted to do and not always asking for permission (34; 105-106; 287; 291).

105	**S**	... Hm, when did you tell him about the, the , hm, hm, that you're not going to do it next week?
106	**M**	When I finished doing it today.

Professionals were used in a supportive manner, helping to explore the changes she had made (378-385), or on other occasions to provide authority for a specific decision (151-152).

Probably among her most important achievements was the ability to *deal with emotions* more effectively (71-75; 287-291), and to not be afraid of the main controllers (56-62; 287-291); both were derived from taking more control.

55	**S**	How did you feel when you told him you weren't going to do it?
56	**M**	Felt a bit guilty

57	**S**	You felt guilty?
58	**M**	Yeah
59	**S**	Why did you feel guilty?
60	**M**	I don't know,
61	**S**	Mhm?
62	**M**	I don't know, that's just how he makes you feel ain't it?

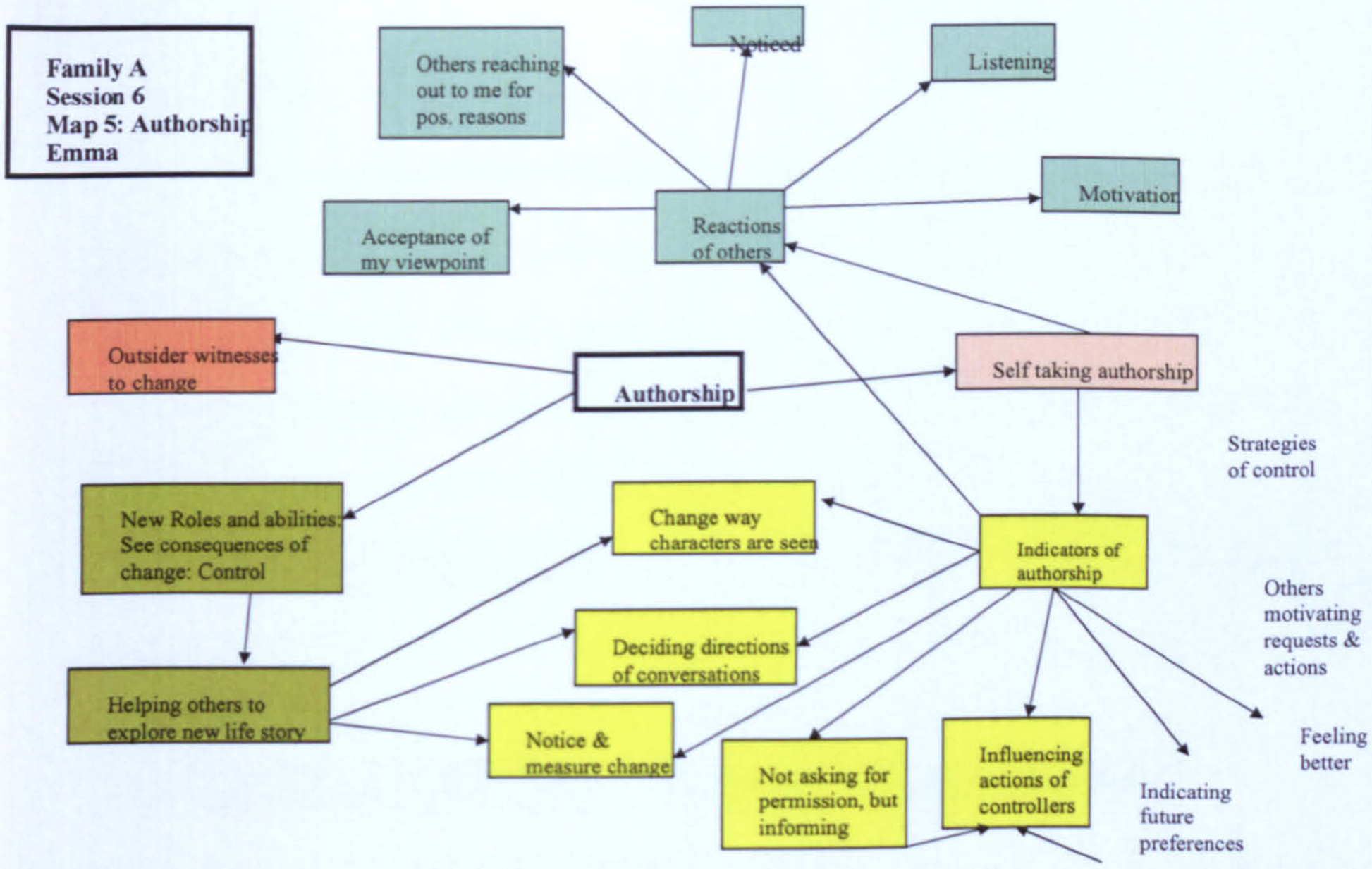
Another was the ability to change the views and actions of people who had previously controlled her life (42; 287-289). Adam and her father were, by that time, paying attention to her wishes. She had also acquired new roles for herself **(consequences)**. All of these seemed to be supportive roles, with the exception of the role of *Controller* (see Mary and strategies used by others). The strategies once used to control her were the same strategies she had begun employing as a controller of others. The supportive strategies included being able to provide *emotional support* and helping others to deal with their feelings (283-286). One of the ways in which this was done was *by indicating positive changes,* or steps others have taken, and by *supporting their viewpoints* (202-204; 282-285; 354-356).

202	**M**	But you've been coming to meet me, haven't you? Instead of waiting outside?
203	**F**	Yeah
204	**M**	So that's different (interrupted)

As someone able to influence controllers, Emma was acting as a *spokesperson* for persons with less control (291-294; 328-332).

328	**M**	She didn't ask you did she?
329	**F**	Yeah
330	**M**	She got me on me own again and whispered.
331	**S**	Mhm
332	**M**	So she dare not ask Adam. So she got me on me own and got me to ask him.

The success of the strategies, the consequences of their implementation, and the reactions of others had assisted her in obtaining more control in her life.


Family A
Session 6
Map 5: Authorship
Emma
Others reaching out to me for pos. reasons
Noticed
Listening
Motivation
Acceptance of my viewpoint
Reactions of others
Outsider witnesses to change
Authorship
Self taking authorship
Strategies of control
New Roles and abilities: See consequences of change: Control
Change way characters are seen
Indicators of authorship
Others motivating requests & actions
Deciding directions of conversations
Helping others to explore new life story
Notice & measure change
Not asking for permission, but informing
Influencing actions of controllers
Feeling better
Indicating future preferences

E) Session 6: Map 5: Authorship: Emma

The reactions of others towards Emma, and their interactions with her, had changed since she became able to determine who would form part of her story and the roles different people would be playing **(indicators of authorship).** Although she was not always sure if people were *listening* to her (42; 291), they were at least *acting on her requests* and accepting her *point of view* (318; 468). This was true specifically of people who in the past had held most control over her. Professionals had reacted positively to the changes in her life (375-384).

375	**S**	Have you discussed the therapy with them?
376	**M**	Mhm, Yeah.
377	**S**	What have they said?
378	**M**	Well, she's been quite surprised. She thinks I'm going on quite well. And she said she's noticed a difference in me as well, when I saw her the last time. She said I seem more relaxed.
379	**S**	Mhm. OK.
380	**M**	And she said I seem, hmm, ... more confident.
381	**S**	Mhm ... It seems as though other people have noticed changes?
382	**M**	(Nods head in agreement)
383	**S**	How do that make you feel?
384	**M**	Quite good

People who had always been important to Emma had started to *reach out to her*, something she found valuable (482-490). This interest (from her sons) had been something she held close to her heart from the outset. In the past, the relationship that Emma wished to establish with her sons had not been something that Adam had supported (see session One; Mimesis One, The Boys). Adam had come to accept that this was something Emma desired for her life, namely a *change in the way characters* were seen and *described* in her story (483-489).

482	**M**	Peter did phone me up on Saturday night, didn't he, which is a first.
483	**F**	Yeah. Is a first, right. The fact is what is he learning because, they've made a rod for their own back because they've been doing it and he's been skiving off and he's still having the money for it.
484	**S**	Mhm. Say again, Peter has phoned you up, just for a chat?
485	**M**	(Nods)
486	**F**	Just to say thanks. It is a first (interrupted)
487	**M**	To thank me for the paper round
488	**F**	Which is a first.
489	**S**	Which is a huge change. It seems as though things are, things are changing on other fronts as well?
490	**M**	(nods)

There were also other indications of authorship. The *strategies employed in taking control* and the *reactions of others* were all indicators of

authorship. This was clear from her decision to sometimes *change the direction of our conversations* (317-318; 482-483). She was also able to *notice and evaluate changes* happening in some of the other characters in her story (289; 353-356; 361-367).

Emma was *not asking for permission* or advice from the different men, but informing them of her plans (34; 287). She was able to *make her preferences clear* to both Adam and her father (73-75), even though this was often still a daunting task. It was remarkable that the new level of authorship had given her the ability to *change the views and actions of people who previously controlled her* (42; 287-289).

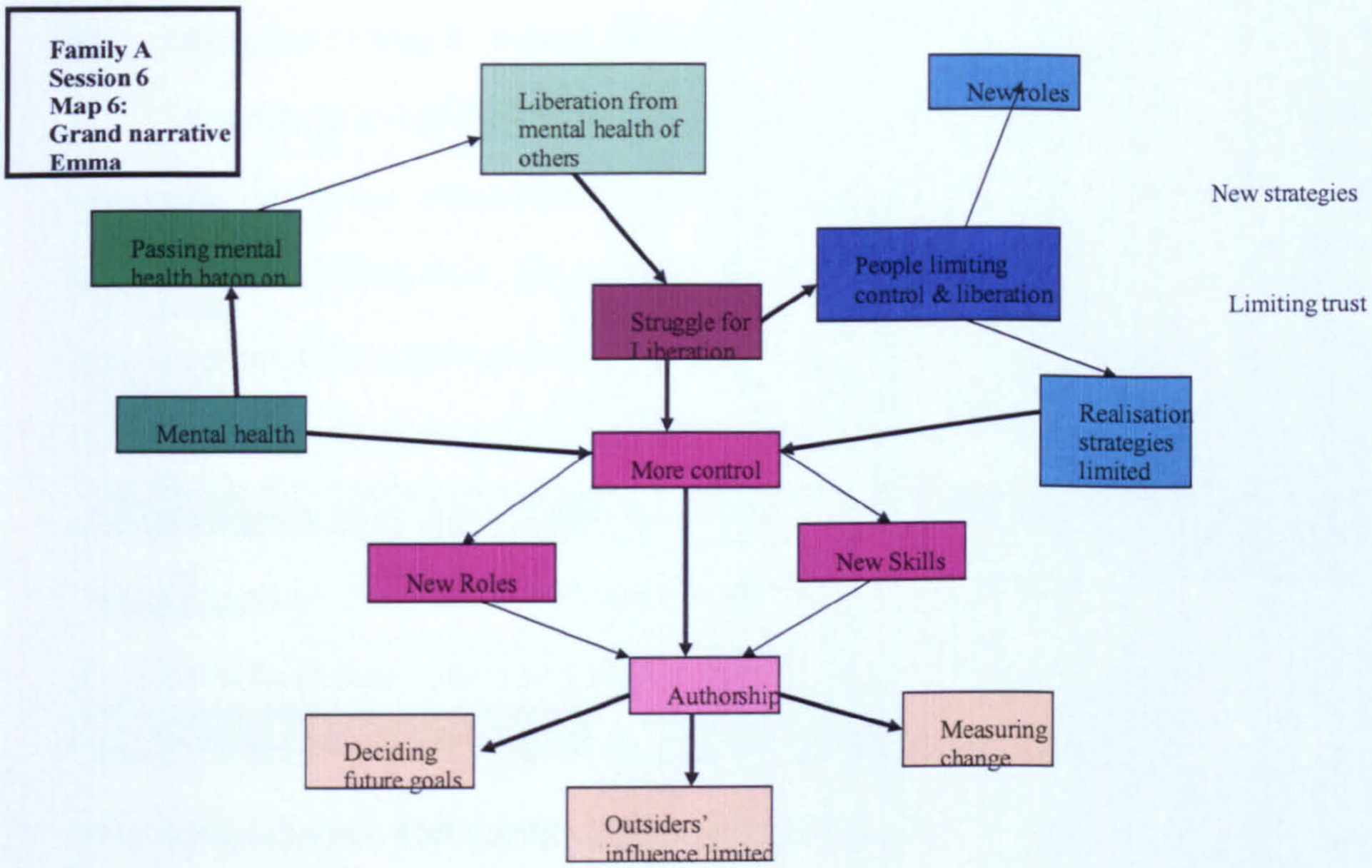
42	**F**	Mind you, he's finally listened that ... he's told Peter that he's got to do it and if he don't start doin' it they're going to cancel it. So he's finally listened to that.

When the former controllers had wanted her to do something, they had provided *motivations* (29-32; 318-320). Probably the most important indicator of being more in control and having authorship was simply Emma saying that she was feeling better (384-385).

Authorship brought about a **new set of roles and abilities**. As the author determining the direction of stories, Emma was by this point in the position to help others *explore different dimensions of their own stories* (202-204) by pointing to positive changes she had noticed in others and changing the direction of conversations.

Outsider witnesses played an important part in the recognition of the new life story. (378-385). These outsider witnesses were not only family

members, but professionals who had expressed surprise at the changes they had noticed.


Family A
Session 6
Map 6:
Grand narrative
Emma
Liberation from mental health of others
New roles
New strategies
Passing mental health baton on
People limiting control & liberation
Limiting trust
Struggle for Liberation
Mental health
Realisation strategies limited
More control
New Roles
New Skills
Authorship
Deciding future goals
Measuring change
Outsiders' influence limited

F) Session 6: Map 6: Grand Narrative: Emma

Emma's grand narrative had changed since the first session. The role of specific nodes had altered dramatically. Some of those previously prominent in her story were still present but hidden from view. In this conversation, Emma did not define herself according to a mental health diagnosis. She still received support, but her mental health did not play as central a role as it had before. The focus of mental health had shifted to Adam. It was as if this baton had been passed to him, and she was in the process of liberating herself and Mary from the effects of Adam's mental health condition. This struggle for liberation was a constant theme. The previous controllers had had to change their strategies, relying less on their unchallenged control and authorship of her life and more on strategies of ambivalence relating to her self-confidence and their support. Those limiting her control and liberation were still men, namely Adam and her father.

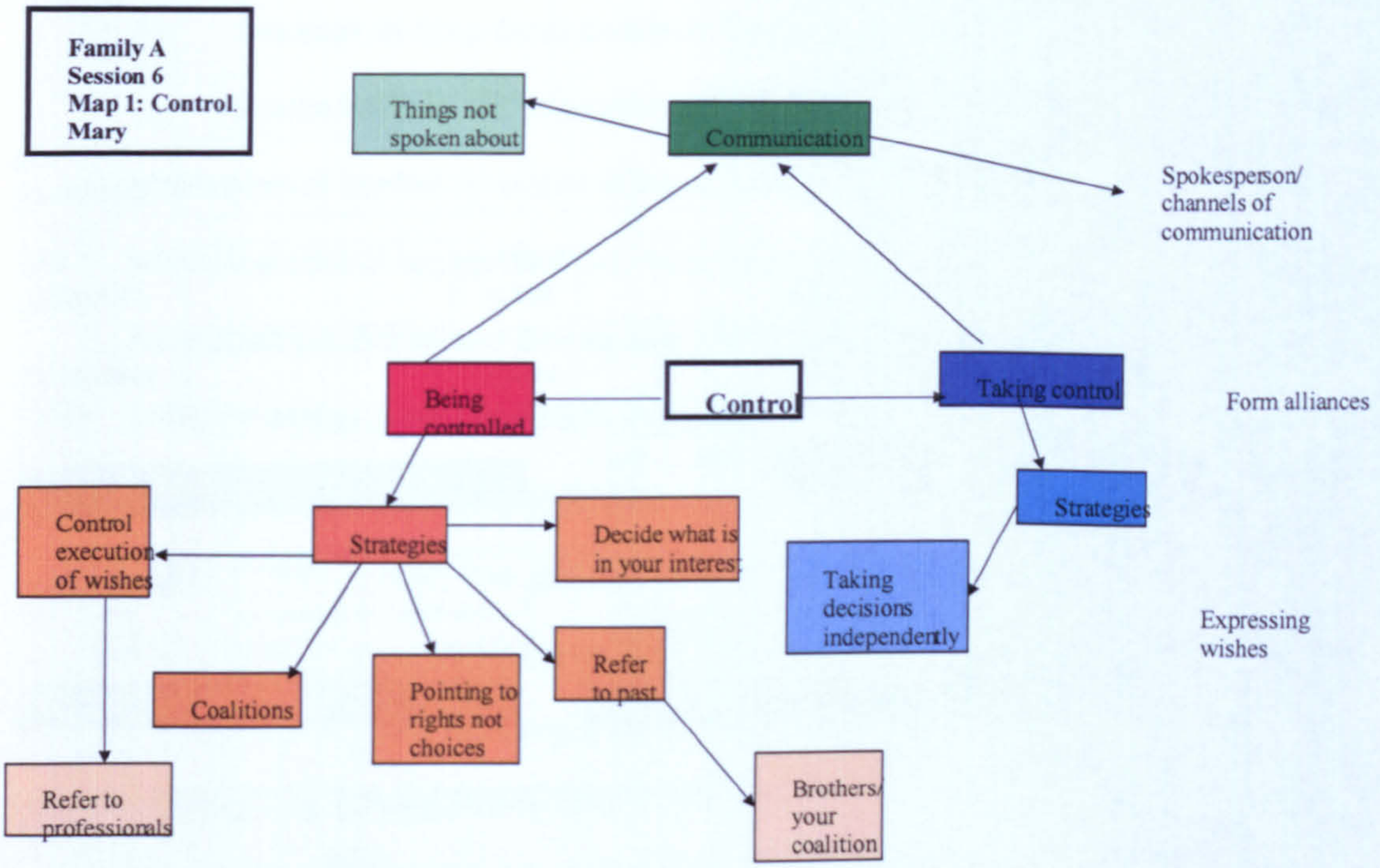
The progress made should not be underestimated. Emma had been able to learn new strategies for taking control, giving her new roles and highlighting her skills. The ever-present gaze of her father had dimmed and was no longer significant. She was now able to take decisions independently, informing her father and Adam of her decisions and influencing their actions. This ability to take control and make decisions about her goals for herself and others, and to determine the roles that various people played in her life story, pointed to the increased authorship she had come to hold. This authorship was made evident in two other ways. The first was her realisation that the control other people had over her life was limited. This provided her with more confidence to exercise her independence. The second was her ability to

recognise and measure the changes that had taken place in her life and to point to the changes others had made as well.

At this stage the liberation and authorship were incomplete. Although they had increased substantially, Emma did not yet have complete control. Certain aspects of the previous story, such as the control and the effect of male domination, still played an important part. One of her biggest struggles remained that of standing up to her father. She had taken clear steps in this struggle, but stereotypes were often re-enforced, even during the therapeutic process.

6.2.2. Grand and Micro Narratives: Mary

As Mary did not attend any further sessions, it is not possible to make a complete assessment of what happened in her story. The conclusions are drawn only from what Adam and Emma said about her. The information available about mental health, authorship, and paradoxes does not allow for any useful discussion. Limited information is available about control (focussing on the control others were exercising over her life), the trust shown in her, and the way in which Adam and Emma talked about her.


Family A
Session 6
Map 1: Control
Mary
Things not spoken about
Communication
Spokesperson/ channels of communication
Being controlled
Control
Taking control
Form alliances
Strategies
Control execution of wishes
Strategies
Decide what is in your interest
Taking decisions independently
Expressing wishes
Coalitions
Pointing to rights not choices
Refer to past
Refer to professionals
Brothers/ your coalition

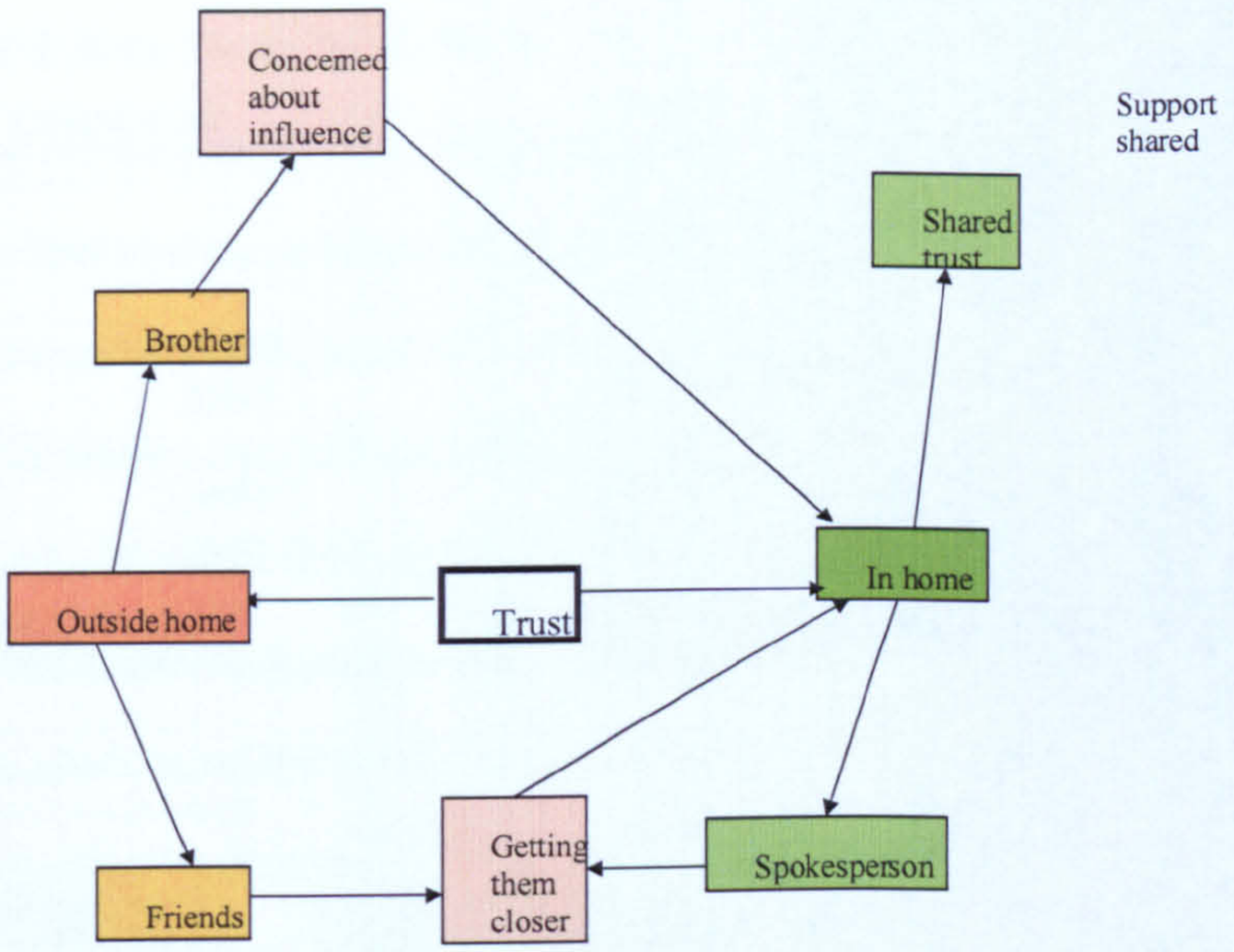
A) Session 6: Map One: Control: Mary

Emma had started to **exercise control** over Mary's life using the **strategies** of control. The first of these strategies was the *coalition* within which the control happened (141; 145). Adam referred to the concept of "*we*". As a *coalition,* Adam and Emma ensured that *their wishes* had been fulfilled (148) by asking *professionals* to monitor their execution. The argument about Mary's school lunch illustrated this.

141	**F**	Mary has gone back to school and ... And the only thing we've had is because Mary is entitled to free school meals and we've put our foot down there.
142	**S**	Mhm
143	**F**	Hh, 'cause she didn't want to take food and we said no, you're entitled to free school meals, we'll not give you food to take to school. You're entitled to get dinner free.
144	**S**	Mhm
145	**F**	We put our foot down there. She (interrupted)
146	**M**	I gave her 50 pence this morning for a drink.
147	**F**	Yeah
148	**M**	And she didn't have any dinner 'cause when she come home I asked her what did you have for you dinner she said she didn't have anything. And I just said to her if you're gonna continue with that then I'm gonna have to speak to the teachers.

These rights (to free school meals) had a financial impact on the controllers (Adam and Emma), as they would have had to pay for her decision not to have a free school meal. When Mary tried to exercise her choice, she was pointed to the past and the *history of her two brothers* (150-151). Mary deciding not to have free school meals may also have pointed to her trying to **take some control** of her life, obliging her parents to "put our foot down". Mary was able to *express her views and wishes clearly*, even against the united front of her parents. When appropriate, Mary formed *alliances*, not only with her brothers, but with her mother (328-332), using her as a spokesperson to ensure that her wishes were fulfilled. This was the same strategy her parents were using when they spoke to her teachers at school. The *communication* between Mary and her parents had specific limitations. There were certain things that were *not talked about* (333-336), such as her *feelings* and what was happening in her life, or how this had changed (458-463).

Family A
Session 6
Map 2 Trust
Mary



B) Session 6: Map Two: Trust: Mary

Mary had established trusting relationships with differing consequences. The trusting relationship **at home** with her mother had two sides to it. In comparison to session one, Mary had become not the only person to have a relationship of trust with Emma, because Adam had this as well *(shared trust)*. Although Mary and her mother were in disagreement about her desire not to have school meals, she could rely on her mother to provide some kind of support, even if this did not go far enough or reach her set goal (146). The *support* her mother gave to her *was shared* with Adam.

Mary still trusted her mother enough to act as her *spokesperson* (see Mary and Control). One of Emma's roles in this capacity was to help Mary to get people whom she trusted outside of the home closer to her by allowing them to visit her in their home (328-332). This trust in her mother helped her to gain increased liberation from Adam's mental health problems, as it was Adam's anxiety that was identified by the family as the reason why Mary could not have friends around to the home (283; 287).

The relationship Mary had with her brothers was subject to change, because of changes in the relationship her mother was trying to establish with them. Taking into consideration that Emma had a desire to get her sons closer to her, especially Peter, Mary's concerns regarding her brothers were more focussed on John in particular, as she was closest to him.

6.2.3. Phases Two and Three

6.2.3.1. Decision on narrative type and summary of the Grand Narrative

Within the limited volume of information available, it is not possible to make a full assessment of the changes that took place in Mary's narrative.

6.3. Critique of the methodology

The critique of the methodology will be conducted under three headings. These are lessons external to the data analysis, a theoretical discussion, and suggested changes affecting the application and process of analysis.

6.3.1. Lessons external to the process of data analysis

The methodology places a clear emphasis on the importance of oppression. The constant search for antenarratives and stories of oppression focuses the mind on aspects of oppression missed during the sessions. The model of narrative therapy proposed in Chapter Three would better be able to address issues of oppression than the one used here and discussed in Chapter Two. The current approach has a lack of emphasis on the hopes, dreams, and aspirations of service users, which is central to narrative work.

6.3.2. Theoretical discussion

White (2003) defined a story as a sequence of events happening across a specific time, with a beginning, a middle, and an end. In the analysis

of the data, it becomes clear that this does not truly reflect the complexity of the stories told by families. The metaphor of a Tamara (Bojé, 2001) or carnival discussed in Chapter Five and modelled in Chapter Ten is more descriptive of these stories.

Although this method (Bojé's antenarrative) of data analysis was developed for big organisations, it also provides a different and new perspective on families. The fundamental principle in considering whether the stories of families have changed has been to look at changes in the grand and micro narratives. This has helped to understand what is happening in the stories of families and to focus on changes in the oppression they face, the way in which they have been able to deal with the problems dominating their lives, and how they view their future. The emphasis on micro narratives has helped to point to changes that would otherwise have been missed.

Bojé (2001(a)) proposed that the process of data analysis should be abductive. This study, in contrast, was deductive in its nature. The information was first collected and then analysed. Given the nature of the study, this deductive process could not be changed. The method of data analysis was only finalised after all the data had been collected. I do not feel, as Bojé suggested, that this makes the process of constant comparison impossible. It was made possible by keeping close to the data once the process of analysis had started. Transcribing the videos personally, and continuing to use the videos, ensured that I remained close to the data.

6.3.3. The Process of data analysis

6.3.3.1. Phase One: The Pre-understanding

This phase sometimes felt tedious and painstakingly slow. However, the information gathered here formed a clear basis for the exploration of the next phase of analysis (Phase Two, search for the grand and micro narratives). Blacher (2005) and Fraser (2004) reported the same experience, but highlighted the importance to them of transcribing the interviews themselves. As Fraser (2004) stressed, the storied characters became clear during this stage.

This process of first highlighting a pre-understanding has specific advantages. It helps the reader to understand the thinking of the researcher before the search for the antenarrative starts. It shows what has caught the attention of the researcher and gives some indication of time in the session. This first phase of the analysis emphasises the video itself more than the transcript.

By transcribing the interview, researchers are focussed not only on what is said but how this is said, on non-verbal cues and people's reactions to what is said. This provides a more detailed picture than merely reading the transcript. Actually listening to and watching the families makes a difference to what attracts attention and ensures that researchers are kept close to the data. Having been through this experience, I would concur with Rea (2003) that all novice researchers should personally transcribe their interviews to get a better understanding of the interpretive process and how the experience of

both conducting and transcribing the interviews enriches the analytical experience.

Due to the volume of information, the time required, and the limitations of this study, it will not be possible to carry out Phase One in its as suggested in Chapter 5. Two options were considered. The first was to add Phase One as an attachment, as was done here, or alternatively to give a summary of this analysis in the main body of the study. I do not feel it is right to completely eliminate it, as it provides the basis for the next phase of analysis. The reader needs an understanding of the various aspects noted and highlighted by the researcher in order to follow the reasoning and focus in Phase Two.

The method of coding used thus far has been without a clear structure. In the following chapter, the first four phases of Tesch's (1990) method of analysis (de Vos, 1998; Butler, 2000) were used to provide a clearer structure and method. At the start of this process one should not have any pre-determined conceptual framework in mind and, only when the data are generated will the researcher attempt to discover relationships or patterns, with the result that a qualitative storyline emerges from the various themes identified.

Table 5.1 Tesch's Model of Data Analysis

Step One:	Step Two:
The researcher will obtain a sense of the whole by reading through the transcript carefully and writing down some ideas for	The researcher will again read through the transcript, while attempting to locate themes. Any thoughts that come to mind will be written in the margin.

potential categories.	
Step Three: Once the previous step is repeated and saturation is reached, a list will be made of all the topics. Similar topics will be grouped together and arranged into columns as themes, sub-themes, and left-overs.	Step Four: The researcher will return to the data, abbreviate the topics as codes, and write the codes next to the appropriate segments of the text in an attempt to identify additional categories.

As there is no intention of formulating a theory, only the first four of Tesch's eight steps as indicated above will be used. The application of this method should provide a clear structure and produce more detail than the analysis made during the pilot study.

6.3.3.2. The analysis of the grand narrative and micro-narrative

The initial plan was to make use of three distinct methods of data analysis, namely the grand and micro narratives, the story network, and plot. It quickly became clear that, although all three would provide distinct information, this volume of detail would not be possible for this study. However, because the goal of the methodology is to assess change that has taken place in the narratives, it was considered more practical to look at the overlap of the three methods and to combine them, thus enabling a better understanding of both the grand and micro narratives in particular. In the rest

of the discussion the focus will be on how this combination was developed in the current chapter and how it will be applied in the next chapter.

At this stage, I am of the view that the grand and the micro narratives can be jointly explored. In the process of assessing the grand narrative, the micro narratives become clear because they are the stories of struggle against the grand narrative. The joint exploration is made possible by adjusting the coding system to search specifically for the following:

1. Externalised problem.
2. Universal truths.
3. Principles, laws, rules.
4. Authorship.
5. Micro narratives being ignored.
6. Standing up/taking a stand.
7. Power struggle.
8. Paradox.
9. New themes/Nodes.

Numbers one to four helped to highlight the grand narrative, whilst numbers five to eight focussed on the micro narratives.

The system of coding has two focuses. The first is on issues of discrimination often missed during the interviews. An example of this is the discrimination that Emma had to endure from the worker who reinforced male stereotypes by asking how Adam could help her. Secondly, the process of narrative therapy would highlight an externalised problem that was specifically focussed on during the coding. In the current family, the externalised problem for Emma was control, whilst for Adam it was anxiety. At this point it seems as

though the externalised problems are a good starting point to explore the grand and micro narratives, as they all tend to be linked to the externalised problems in some way. This focus made the merger between the narrative therapeutic process and the analysis of data easier, as it was possible to trace what was happening to the externalised problems and the problem for which the family was referred. In the pilot study, this was the concern about Mary's mental health and the externalised problems of her parents. This tracking system helped to show change in the individual and family narratives. If change had taken place, the grand narratives would not be as rigid and the micro narratives would be more apparent, because the struggles against the grand narratives would be more visible and more frequent. I later realised this approach ensures that the focus remains on the stories people tell and prevents a focus on the people themselves.

The use of the story network analysis has to be more central. The focus of this study is not specifically on the network of story telling, but on the changes that have taken place. The suggestion of Bojé (2001(a)) to construct a model or map of what is happening and how the various themes and grand and micro narratives slot in together worked well, as it created a visible model of the story. The model made the strategies everybody used – the principles, rules and regulations, and other methods of control – more evident and it was easier to follow aspects of the story that would otherwise have remained hidden. It also made it possible to place various nodes next to each other and look at commonalities not only amongst the various nodes but also in the narratives of family members.

The initial idea was to focus on the referred persons (Mary and Emma in this case) in the analysis. This did not work. Adam was, at the end, a major participant in the therapy, although his narrative was not analysed in the first session. Mary's story was analysed, but she stopped attending the sessions. It also led to a focus on the two women, excluding the only man. To resolve this and to ensure that the focus is not on the individual people to the same extent it has been until now, the nodes will be analysed individually in relation to the whole family and not specifically to each person. If the current family is taken as an example again, trust will be analysed on its own and not for Emma, Mary, and Adam separately.

Reading the analysis again, I realise that the storyline is not clear, but the goal of this analysis is not to re-tell the story. It is to highlight the grand and micro narratives and how they fit together.

6.3.3.3. *Phase Three: Plot Analysis and Authorship*

In Chapter Four it was proposed to start with the analysis of authorship, and the plot in particular, after completing Phase Two. The current analysis showed that authorship is often linked to, or becomes apparent in the process of analysing, the grand and micro narratives. This is the reason for starting with the coding of authorship during the second phase of data analysis.

Although the pilot study highlights that valuable information and a better understanding can be gained by focussing in more detail on the questions suggested in Chapter Four, Phase Three: Authorship (4.5.4.3.), it produced little information to indicate the production, distribution, and consumption of stories. If, however, this can be developed further, the plot

analysis can be used to cross-reference changes in the grand and micro narratives between the first and last sessions. More importantly, it will help to indicate changes in authorship.

6.3.3.4. Comparison between the data of sessions One and Six

The comparison between the first and the last sessions was more complex than anticipated. The first problem was with the nodes, externalised problems, and grand and micro narratives. As with all stories, these tended to change as the story developed. Consequently, the themes in the first conversation might not be the same as those in the last. The first question posed is whether the same externalised problem, themes, and grand and micro narratives, or the new ones that develop over time should be used. If different aspects have developed, it would indicate change which the analysis should be allowed to reflect clearly. Sticking to the same nodes may force the researcher, and more importantly the data, to say things that are not an accurate reflection of the story.

Alternatively, if the same aspects are attended to in the first and last session it would be easier to compare these, and it would be comparing like to like. Comparing new nodes to old nodes would be difficult.

It was decided to opt for a position between these two. In order to compare like with like, the same aspects would be attended to in the first and last session but if new themes were noted, they would be coded and reflected on in the assessment.

The maps should assist the reader in obtaining an overview of changes that have taken place.

A last task that proved difficult was to draw an overall comparison between the first and last sessions. In order to compare the two sessions more clearly, the following questions will be addressed briefly during the application in Chapter Seven:

1. *Scaling*

- How has the scale (mark out of 10) changed from the first to the current session?

2. *Grand narratives and Micro narratives*

a. *Power struggles*

- How has the power distribution changed in the family?
- How has the use of power changed in the family?
- How have people previously oppressed taken power in the story?
- Have the people who hold or held power had to change their use of power?
- Are there occasions when the micro narratives are no longer suppressed?

b. *Universal Truths*

- Have the family been affected by any specific universal truths from society or from within the family?
- If so, have they been able to stand up to these?

3. *Externalised problem*

- What has happened to the original externalised problem?
- Have any problems been externalised since the first session?

- What has happened with the externalised problems?
- What has happened with the original reason for the referral?

4. *What changes did the family note?*
5. *What changes are clear from the coding of transcripts of the sessions?*

The above should provide the reader with an overview and a summary of changes that have taken place.

6.4. Conclusion

The analysis of the data has brought a new awareness to the work I am doing with families and made me more aware of issues of discrimination faced by them, and by women in particular. I think you should briefly refer to the evidence here in terms of the authorship & control issues

This analysis showed that the three phases of data analysis all brought a different indication of what was happening in the stories of the family. The changes made to the methodology are aimed at clarifying the procedure of analysis and at ensuring that the method is able to provide a better picture of developments in the stories families tell. As with all new methods of working, it may be necessary to make further adjustments as the process of data analysis continues to develop.

CHAPTER SEVEN

Family B

This chapter assesses the applicability of changes to the data analysis outlined in the previous chapter by applying it to the transcript and video of the second family. The data analysis will again be followed by a discussion of my experience of the analysis process with recommendations for change to the methodology. The family selected for this purpose is family B.

7.1. Session One

This case stems from a referral from the local Social Services Office, after it came to light that a young girl, (aged 6) let us call her Cheryl, had been sexually abused by her grandfather. At the time the sessions reported upon here took place, Cheryl was living with her mother, Karin, father, and grandmother, Anna. The grandfather was serving a prison sentence for the sexual abuse. After it was discovered, Cheryl's name was placed on the Child Protection Register and her grandmother moved into the family home, where she was still living.

At the time of the first session, Cheryl's name had been removed from the register, but various concerns had been raised by Social Services. Cheryl was referred to the Keeping Safe programme and individual counselling to deal with the abuse. The social worker who completed the Keeping Safe work

and counselling referred the family, considering that the parents had not taken the step which would enable Cheryl to talk about the abuse, and her mother had apparently not told Cheryl that she herself had been abused by the grandfather. These were all requirements laid down in the Child Protection Plan. I was asked to spend the first contact exploring this, to bring closure to the Child Protection concerns. As will be seen from the interview, this was not strictly a narrative session but, as it was the first session with the family and provided the base line of where the family was, it is used as such. A brief comment about the approach during therapy: It is not suggested that the work done here meets the requirements of the new narrative method proposed in Chapter 3. Rather it is more in line with the approach to narrative therapy discussed in Chapter 2.

Because of the confines of a study presented in a thesis format such as this, it will not be possible to discuss all the maps and themes here. I have included those not discussed here as Appendix 7. The maps are: abuse, secrets, caring and closeness. Those selected for inclusion were chosen because they illustrate the methodology and the major themes brought to the conversations, such as abuse, control, guilt and monitoring (the latter two from session 6).

Because the maps overlap, I will cross-reference between the maps contained in the appendices and between the maps in this chapter. The conclusions reached will also reflect on the maps included in the appendix.

In the quotes used from the interviews, S refers to the social worker; GM to Karin, the grandmother; M to Karin, the mother; D is Cheryl, the daughter whilst S refers to myself as the Social Worker.

7.1.1. Micro and Grand Narrative

Looking at the session and listening to the video, the initial grand narrative seems to be that the family was struggling with Cheryl's behaviour, and that, in their minds, she needed the therapy for which they had brought her for sessions with various professionals (111).

111	**GM**	See, that is the problem, you see, we, we haven't got a problem, unfortunately its only really Cheryl has got a problem.

In spite of attending sessions, things had even become worse. Later on, it became apparent that one of the other elements of the grand narrative was the family's need to understand whether there was a link between the abuse that Cheryl suffered at the hands of her grandfather and her behavioural problems. Linked to the abuse are themes of secrets and control.

The Micro narrative appears to consist of **caring, closeness** and the need to gain **authorship**.

Family B
Session One
Map 1
Abuse

Guilt

Emotional turmoil

Claming up

Hurts those I love

Change in relationships

Face scale of abuse:

Denial/doubt by those important to me

Consequences to self

Loss of trust

Consequences

Fear of repetition

Inform carers

Talking

Reasons

Maintain relationship with abuser

History to understand present

Consequences

Own abuse

ABUSE

Dealing with abuse: Disclosure

Indicators of ability to deal with abuse:

Mutual healing

Guilt

Understanding

Change in behaviour

The act

Linking with own abuse

Memories

Disclosure of others' abuse

Ritualistic nature of abuse

Preparation increases level

Who abuses?

Comparison

Talking to/ confronting abuser

Misdirected love/caring

Men

System: Removing carer

A) Session one, Map one: Abuse

In discussing the abuse, the focus was initially on an understanding of the process, the act itself, considering the consequences of abuse, denial, and disclosure.

When talking about the abuse, the **understanding** everybody has of events is important. It has to be placed in the context of what has **previously happened in the family (history)** (140-156; 240-244; 269; 327-336) and people compare what has happened to them either with the previous or the next generation (796-803; 866-868; 995-999; 1157-1166; 1249-1261), thus establishing a **link with their own abuse,** by comparing the time (725), age (709) at which it happened, the differences in the details of the abuse (785; 1188), and the process (709; 739; 977-979; 985-987).

145	**S**	Right, OK – Would you like to tell me at some stage?
146	**M**	Well Yeah,
147	**S**	OK
148	**M**	Because really I think to help things along and
149	**S**	OK
150	**D**	Where's (inaudible)
151	**S**	Mhm
152	**M**	Where she's concerned it might come in handy, don't you Mum?
153	**GM**	Yeah
154	**M**	I really do

709	**M**	Well, when, well, how old could I have been? – Not much younger than Cheryl.

785	**M**	Granted, he didn't go as far as he did with me. He felt her fanny and, cause you see, how I found out that anything had happened was one night we were, we were at home. I should have been at work the next day, and,

995	**M**	But to me, a thing like that, for a, being that I've been through it, I can say this. For a little kid of her age, to have to keep a secret like that, when obviously I'm sure she knows he's wrong,
996	**S**	Mhm, Must be terrible.
997	**M**	Yeah. Because I've been through it, so you know?
998	**S**	Mhm
999	**M**	It's not, it's not easy keeping a secret like that.

The act involved a process of 'grooming' that increased as the abuse drew closer (713; 715). Central to the preparation was the ability of the abuser to create the impression that the abuse was part of a loving and caring (346-355) relationship, through a process of manipulation and bribery (351-356; 719; 806; 977-979), that became highly **ritualistic** (715; 735; 805-807), with well-defined patterns. Although the abuser sometimes varied the precise type

of abuse, (717) it was recurring (709; 725-727; 733; 781-783; 796-798) in nature and always happened when the main protector was not present (587-588; 715; 735; 805-807). As a child, Karin had been abused when her mother had not been at home. Cheryl was abused when her parents left her with her grandparents to go out in the evening.

713	**M**	He, started playing about with me. He went all the way with me.
714	**S**	Mhm
715	**M**	And it used to happen once a week on a Tuesday when my Mum used to go to Bingo.
716	**S**	Mhm
717	**M**	And she did not know any of it went on and he used to make love to me, he used to put pens up me, things, take pictures,
718	**S**	Mhm
719	**M**	Hmm – he was, he used to buy me sexy underwear, you know, I was only a tiny child, you know?

725	**M**	He sexually abused me for quite a few years.
726	**S**	Mhm. Quite a few years.
727	**M**	I was 16 when I told my Mum. And I and she
728	**S**	Quite a few years

The abusers seemed to be from two groups, and were virtually exclusively **men.** The first group were those **who abused** the victims directly,

such as the grandfather or father (262-267), and other boys at school (594-596). The second group are professionals, represented by Social Services, the Police and Probation Services.

596	**M**	She had a few problems at school, you know, boys were putting her in the toilets,
597	**S**	Mhm
598	**M**	and kissing her and what not and she didn't like that and I had to go up to the school and sort that out. And there was another problem with another couple of kids. You know?

The **patriarchal system (legal system)** removed Cheryl's grandfather, for whom she cared. It did not seem to take her feelings and wishes into consideration, or at least try to explain to her what was happening and why (349-356). For an analysis of the relationship with her grandfather, see Session 1: Caring. Except for the child protection social worker, those involved (police, solicitors, court officers) were all men.

Both Cheryl and Karin understood the effects and the process of abuse well. What was not agreed upon was the **understanding of the link** between abuse and behavioural and emotional changes that happened after the abuse. From the onset, Cheryl was clear that the changes in her behaviour were caused by the abuse (264-265; 282-288).

282	**GM**	You see, we want to find out, you see, whether it changed because of what happened or whether it's always been there.
283	**S**	OK?

284	**GM**	You know what I mean, because we don't want (interrupted)	
285	**M**	We're not exactly sure where it stems from (interrupted)	
286	**D**	It's always been there because of Granddad.	
287	**S**	Mhm. You say it's always, always (interrupted)	
288	**D**	Yeah cause Granddad upset me when he done that.	

Karin initially agreed with this understanding (279-280), but the intervention of Anna disputed it (282-284). On other occasions, Karin was able to establish a clear time link between the abuse and the change in behaviour (575-588; 590-592; 634). When alone, with Anna not being present, Karin acknowledged this link (1153-1154).

576	**M**	Because before she went, she went to school,	
577	**S**	Mhm?	
578	**M**	Cause that's when she started to stay with my Mum and Dad a lot, you see, cause I had a job, so Mum and Dad would look after her during the holidays, you see? Cheryl, we can't play now, we're talking.	D has brought new toys from cupboard. Tries to start giving out pieces of game to all round table
579	**GM**	Yeah. We're talking, sweetheart.	
580	**M**	And hmm, when she was small, (interrupted)	
581	**D**	You keep. Do you want one, Hellmüth?	

582	**S**	Yes.	
583	**M**	All right then, and hmm, she hmm, what was I saying?	
584	**GM**	When she was small	
585	**M**	Oh, yes, see, before she went to school she was fine	
586	**S**	Mhm	
587	**M**	She was as good as gold, wasn't she?	
588	**GM**	She was lovely.	

During the session both Karin and Anna were looking for some kind of confirmation that the abuse had caused the changes in the behaviour. Whatever forms this confirmation took, be it Cheryl confirming her experience (282-288), or Karin and Anna providing the time link and changes (578-588), or them asking the professionals to confirm this link (627-647), it was denied (604).

This **denial** was based on various reasons, amongst which were that the carers were never informed of the precise problem (291-300; 502), or that the professionals may be basing their opinions of the link between behaviour and abuse on an incomplete picture, as the child seen by professionals was not the same child they have at home (110; 666; 647-682). On at least three occasions they highlighted how different she was when with me (the social worker). Another is that the victim had provided insufficient detail about the time span involved in the abuse (600), the time lapse between the abuse and the changes in behaviour (963), and that she said she talked to them (291-300, 535-538), something they were adamant did not happen.

535	**S**	OK. In your minds, listening to her, what do you think? What

		she said now, she said she thinks about it a lot,
536	**GM**	Well, she says, she says to you she thinks about it a lot, but she she never mentions it to us.
537	**S**	Mhm
538	**M**	She says, like she said to you that she talks to us all the time, she doesn't.

600	**M**	But, whether – see, cause, she hasn't actually said, she hasn't been very specific about how long it been going on.

The **Consequences** of abuse are far-reaching. Both Cheryl and Karin felt helpless (719; 735-737; 813; 821) against the abuser's power, specifically because he had been in a position of trust. What made this more problematic was that some people did not understand how difficult it was to challenge this power (817).

817	**M**	You know, so I had to sort of, you know? See that's what people can't understand, they say well you could have said no. But, when you are a tiny child ...

For Karin this was exacerbated even further because her mother, whom she should have been able to trust, did not believe her (731). It was as if this was a cry-wolf scenario. The denial of the abuse and its consequences (denial to be discussed later) left the victim in **emotional turmoil** (262-264; 286-290; 464-475; 749-751; 841; 995). One of the biggest issues to deal with was the **guilt**, not only for the victims, but for the carers as well (453-463).

453	**GM**	Cause I mean I'm already feeling guilty because I should have done something when she first told me. You know, I should have really done something then.
454	**SS**	Mhm
455	**GM**	But I didn't. So you see? I feel that terrible guilt, to think you know, what he'd done over all them years

The clear expectation of the abuser had been that it would be kept a secret (266; 991-995). Disclosing this intimate secret made for a difficult, complex decision, especially for a child. Talking about it was difficult even at the time of the interview, and Cheryl **clammed up**, or was unable to talk about the abuse (1067-1069; 1157-1158; 1226-1227). Neither Karin nor Anna wanted to talk and also clammed up (727-731) because they did not know how to deal with Cheryl being unable to talk (1067-1074). This clamming up seemed to be closely linked with denial or doubt (to be discussed shortly).

1067	**M**	We started talking about Granddad and things like that and saying, you know, how are you feeling and that, but, she clams up.
1068	**S**	OK
1069	**M**	And I don't know how to break that clamming so she can speak, because, that could help both of us if we both speak, you know what I mean?
1070	**S**	Wonderful. OK, OK.
1071	**M**	Well, I think so? But you see, she clams up,
1072	**S**	OK

1073	**M**	And I, to my way of thinking, is she clams up – why should I go on and tell her, everything that's happened to me? And that might affect her in a different way.

Other consequences of the abuse mentioned were the impact it had had on the victim's health (721-723; 855) and the recurring (291-292; 1059), painful, and remarkably clear and detailed **memories** (262-266; 773-777) for both the victim and the carer (432-434; 803). These memories were refreshed when new allegations were made, because there had always been a **fear that the abuse would return to the family** (779), but at the same time there was a hope that this would not happen (781-783; 796-803).

796	**S**	Everything came back to you.
796a	**M**	Yeah, oh Yeah.
797	**S**	Mhm. Mhm.
798	**M**	Never expected it to rear its ugly head after 20 years.
799	**S**	Mhm
800	**S**	Everything,
801	**M**	Yeah.
802	**S**	Right from the start.
803	**M**	Yeah. What he did, what he didn't do, how he treated me, everything.

The last consequence was the involvement of professionals in the family's life (87-91; 277-278; 446; 843-849). Their involvement had, thus far, been perceived as unhelpful and had only led to compounding the problem.

This involvement grew over time and the unhelpful group of people involved became bigger and more crowded.

849	**M**	And they called me over to the school and they said hmm, you know, can, Cheryl has said this, that, and the other. I said yes, don't worry about it. So they looked at me. I said it's all in hand, I said the police know, I said Social Services know, I said now you do what you like!

Central to the abuse was the presence of **denial and doubt**, both of which were also central to secrets and control. The denial and doubt ranged from the denial by the carers that the abuse had taken place (725-731), that they knew (415-417; 424-430), or that the behavioural or emotional changes could possibly be a consequence of the abuse (279-285; 490-500; 578-588; 636; 628-630), to the victim denying the severity of the actions of the abuser (349-353). However, the person making most effective use of denial or doubt was the abuser (436; 821). It became more than mere denial and doubt and was an abuse of power and manipulation. He used his position of trust and confidence to shield his denial.

436	**GM**	And I mean even when I talked to him about it he said naturally he said hmm, true, it was obviously her imagination.
821	**M**	He invaded my privacy, not the other way round. Whereas he thought I was inva', but that isn't.

These denials may relate to different reasons. For Karin and Anna, admitting it took place would mean having to face the **scale of the abuse** (727-733). This would also lead to **guilt** (453-455), because they realised that their attempts at protection had failed, and knowing this was painful (455-459; 1018-1025). Karin was keenly aware of this, and when she was offered the opportunity to talk about what had happened to her, she insisted that her mother and Cheryl should not be present, because she knew how painful it would be for Anna to have to listen to what had happened to her.

The way that family **members dealt with abuse varied**. It depended on whether it was abuse that they had suffered or abuse inflicted on another. When dealing with their **own abuse**, the first steps seemed to be to **inform the main carer** (267-268). The disclosure had to be considered with care, as it could trigger **specific consequences**, among which were denial and doubt, but deciding not to disclose triggered the same guilt as experienced as a consequence of the actual abuse (266; 453-463). It was literally like being caught between the rock and the hard place.

453	**GM**	Cause I mean I'm already feeling guilty because I should have done something when she first told me. You know, I should have really done something then.
455	**GM**	But I didn't. So you see? I feel that terrible guilt, to think, you know, what he'd done over all them years
456	**S**	Yes
457	**GM**	That I didn't know of
458	**S**	OK.
459	**GM**	You know what I mean? What she's gone through you see?

The victim was also stuck between being blamed by the abuser (821-827) and **not being trusted** by the carers (731). This was not applicable in the case of Cheryl when she made her disclosure, but there were various other things that she said which Karin and Anna did not believe, like thinking about the abuse (297-301; 531-539). Probably the most difficult aspect of the disclosure to deal with was **that it hurt those they love** (327-328>355; 378-385; 787-798), both the carers and the abuser, who was also seen by the victim as part of a loving relationship. Of course, once disclosed, the **relationship changed** (378; 787). The carers also experienced the change in the relationship (913-919).

The **disclosure of abuse by the victim to the carer** had many of the same consequences for the carer that abuse had for the victim (see consequences of abuse). It was especially the **memories** (796-803) and feelings of **failure to protect that were painful** (430-450; 796-803).

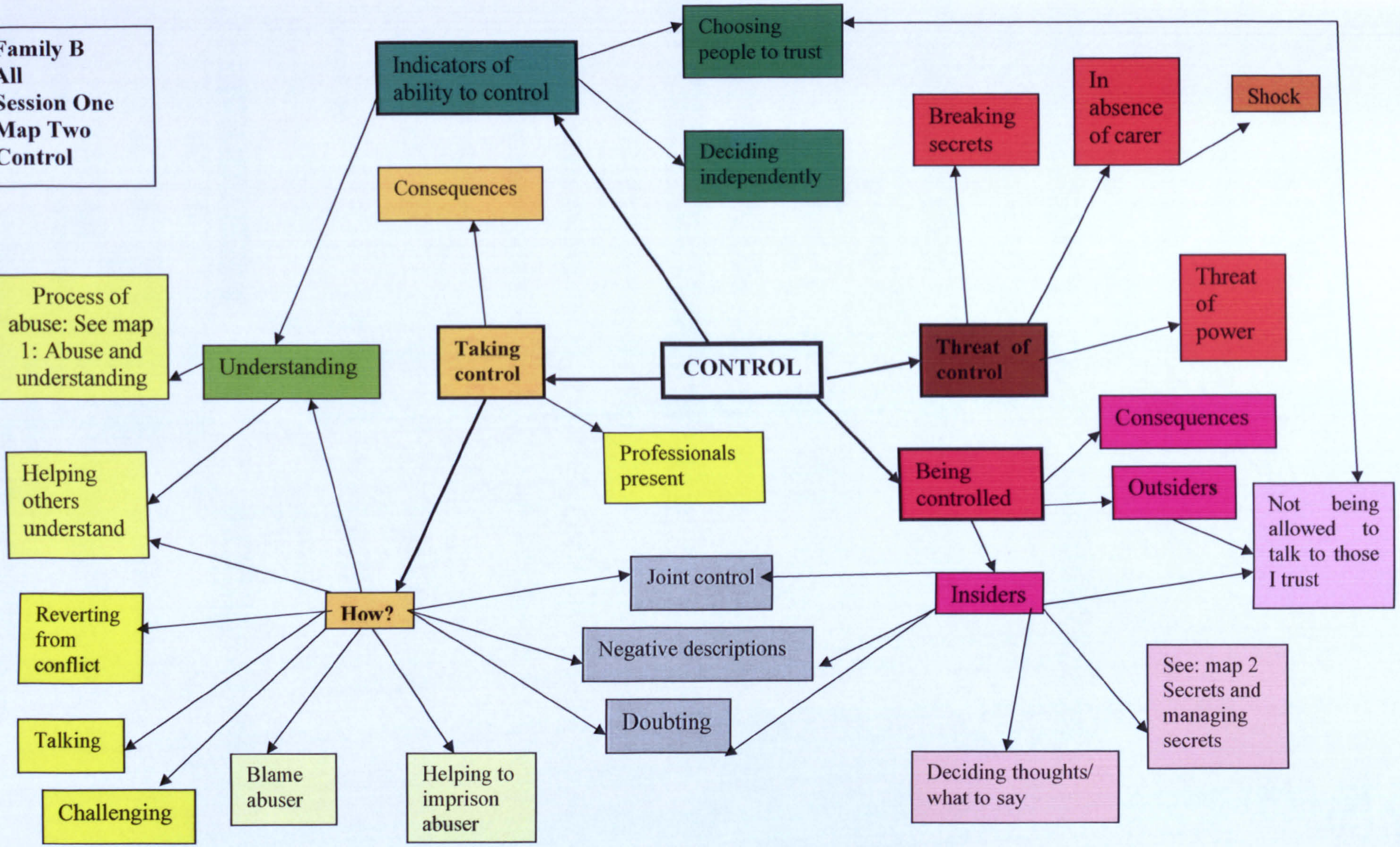
789	**M**	Cause I was so shocked thinking, I says hmm, Cheryl, where are you getting all this from? She says Granddad plays with my nipples. I says Excuse me? Well she says Granddad plays with my nipples. I says Cheryl, not being funny, does he do anything else? Well she says, hmm, he put his hand down my knickers. I said you are joking aren't you? She says no Mum, honestly, I'm not. Well, shit, I honestly did not know what to do, Hellmuth.
790	**S**	Mhm
791	**M**	... I was in a hell of a state for a whole week.

792	**S**	Mhm
793	**M**	I couldn't do nothing, I couldn't go to work,

One of the first steps taken by the carer was to confront the abuser (436), who initially denied what had happened, but when confronted with the evidence, admitted to what had happened (749-755; 771-773). That the abuser had to admit to what had happened changed the power dimensions in the relationship (805; 1287-1291). It was as if a sense of relief set in (751-755; 773).

1287	**M**	But you see he's got to live with it for the rest of his life. He's on a paedophile for the rest of his life.
1288	**S**	Mhm
1289	**M**	And you see if he was to be stupid again, he'll die in prison, so – you know?
1290	**S**	Mhm
1291	**M**	And you see, I have in ev', I have every say, in what happens to that bloke. Where he lives when he comes out or whatever.

Family B
All
Session One
Map Two
Control



C) Session One Map Two: Control

Control is central to the management of secrets and abuse. In the following discussion, attention will be paid to how people are controlled by others (both inside and outside the family), how members of the family take control, and how threats to control can be identified.

In any situation of abuse, one would expect that the victim is **being controlled**. It continued even after the abuse had ended. People **inside the family also used control.** The controllers used various strategies. The first was to take **joint control,** helping and supporting each other, either verbally or non-verbally (58; 300), or by supporting what the other person said (93-98; 126-129; 197-198; 209-211; 300-301; 317-318; 392-393; 506-508; 524-534). By providing **negative descriptions** of the controlled, they seemed to have a justification for keeping the control (58-61; 508-511; 524-529; 544-557; 563; 566; 674-686). Cheryl, who had previously been controlled and manipulated by her grandfather, was now subject to some of the same strategies, but used by her mother and grandmother. This control happened predominantly as a joint venture.

58	**M**	No! The 18th, you don't put an eight in front of a one, you twit! She put 81!	Looks at GM and touches her arm
59	**D**	It's 81! (laughs)	
60	**M**	No it's not 81. Eighteenth of February	
61	**GM**	Just Put Feb, Just put F-E-B, it will look like (interrupted)	

508	**GM**	Yeah but you get very angry when (interrupted)
509	**M**	Yeah, you're saying that while you're here Cheryl but when you are at home, it's a totally different story.
510	**GM**	You're really nasty with us cause when we say to you sorry Cheryl you can't go.
511	**M**	Specially when she hears me on the phone when we have to book a space to go and see my Dad, you know what I mean?

These events happened especially either shortly before or after Cheryl had had a positive conversation with either me or one of the other adults. The last quote above happened shortly after Cheryl had received a positive reaction from everyone after making a pretty face from clay, whilst the first example happened after I gave her the opportunity to write everyone's names down when Karin had been reluctant.

Just as in the case of the previous two maps, **doubt** and denial again played a major role, but now the doubt was more focussed and specific. For example, the controlled person's (Cheryl's) honesty was brought into question (127-129; 303-305; 544-548; 727-733). Her abilities, even about everyday things such as her ability to spell a name (1-18; 50; 58), (207-211), important aspects of life (851), or ability to understand (647-686) were questioned. In this way, her goals and expectations were either blocked or denied (337-339).

The controllers inside the family had a unique ability to manage the content of conversations (417; 430). This is, of course, centrally important for

determining who controlled the family's narrative. One of the ways this was done was by shifting the reasoning or the direction of conversations (279-285; 535-539; 625-632). As mentioned in the discussion of secrets, every time the disclosure or abuse was discussed, the focus of the conversation changed.

The control went down to questioning **what Cheryl said she thought** (531-538) or to whom she could talk about what had happened (303-305). Sometimes, when outsiders made statements that affirmed what Cheryl had said, these were challenged, without disputing what had been said directly. The insiders' methods of control were much the **same as those used to manage secrets** (See Map 2: managing secrets). (490-500 > 502; 625-626 > 628-630)

490	**S**	OK. Right, right. It seems as though from, from what, what we've heard now, hmm, just quickly to recap, she's saying she's, she's aware of more than, than you thought. And hmm, you've mentioned you were quite shocked to find out what, what she's aware of.	Cheryl started to focus on the clay again. Starts directing conversation at M and GM.
491	**M**	I am.	
492	**S**	Initially you said one of the things you would have liked to know, (interrupts self)	Cheryl taps mother on shoulder, showing her

			what she has made with clay.
493	**S**	Oh, that's quite nice	
494	**M**	Ho Yeah! That's nice, Yeah.	
495	**D**	(Laughs)	
496	**S**	Yes.	
497	**M**	A little button nose.	
498	**D**	Laughs	
499	**S**	You, you said you wanted to find out whether hmm, what happened in the past had an influence on, on reactions and behaviour. Hmm, you've, you've also said that hmm, hmm, there, there are things that she's not aware of that, that we need to discuss at some stage.	
500	**M**	(Nods head in agreement)	
501	**S**	OK, OK ... Now, in, in your minds, having heard what, what she's said that, that she's still thinks about this quite often, a lot. Do you think it will influence behaviour?	
502	**GM**	Well, I don't really know because I mean really, when we're at home	GM and M look at each

		when she never talks of, I mean the only thing she ever asks us, can, why she can't go and see Granddad?	other.

The other group that exercised control were the professionals **(outsiders)** who wanted to control **what should be said or spoken about**, even if this was painful (131; 403; 831-837; 1054-1056). This could be confusing, as the insiders tried to limit the people Cheryl was able to talk to, whilst the outsiders were encouraging her to talk to particular people, and specifically those who should be trusted (845-849). This forced talking had many of the same consequences as abuse (See map 1: Abuse: Consequences to self), such as hurt (502-518), unhappiness (464-475; 478-484), anger (508; 516), and hopelessness (116; 300-303).

502	**GM**	Well, I don't really know because I mean really, when we're at home when she never talks of, I mean the only thing she ever asks us, can, why she can't go and see Granddad?
503	**S**	OK.
504	**GM**	And she does get really agitated because we tell her she can't go.
506	**S**	Yes
507	**GM**	You see? Cause I mean for a start I mean the prison, you know, the prison service won't let her in. But she can't you know? She, we can't make

		her understand that it's not us stopping her. You know what I mean?
508	**D**	Yeah, I know it's not you stopping her, me.
509	**GM**	Yeah but you get very angry when (interrupted)
510	**M**	Yeah, you're saying that while you're here Cheryl but when you are at home, it's a totally different story.
511	**GM**	You're really nasty with us cause when we say to you sorry Cheryl you can't go.
512	**M**	Specially when she hears me on the phone when we have to book a space to go and see my Dad, you know what I mean?
513	**S**	Yes.
514	**M**	Like when we're going she says well, I want to come. She just can't.
515	**GM**	You see and when we say sorry sweetheart you can't come (interrupted)
516	**M**	Because the type of offence you see, little kids aren't allowed in.
517	**GM**	You see, because she gets really angry, you know, really
518	**S**	Mhm.
519	**GM**	She really moans and groans.

The family members, however, were not mere recipients of control. There were clear **indicators of their ability to take control**, often overlooked by the professionals or other controllers. The child protection workers had advised Karin that she needed to talk to Cheryl about what had happened to her, but looking at Cheryl and the situation within the family, Karin and Anna had **decided independently** that it was not appropriate at this stage (131-141; 246-251). There was also a distinct ability to decide who would be **appropriate to trust or to talk** to about what had happened (293-296; 845-851), even if the controllers opposed this.

845	**M**	And then one day, she was at school and she told the school.
846	**S**	Yes
847	**M**	She told her helper in the school.
848	**S**	Mm
849	**M**	And they called me over to the school and they said hmm, you know, can, Cheryl has said this, that, and the other. I said yes, don't worry about it. So they looked at me. I said it's all in hand, I said the police know, I said Social Services know, I said now you do what you like!
850	**S**	Mm
851	**M**	Because you see if I hadn't have phoned them they would have anyway and then I would have been in trouble. I may look stupid but I am not that stupid.

As part of showing that she had some control, Cheryl indicated that she knew what had happened (specific knowledge) and **understood** what Karin and Anna may not have expected (332-336; 888), and thus understood why there was a problem (286-288). Karin, as the controlled person (by the professionals), illustrated that she had a knowledge-base superior to that of the "experts" (856-865; 1190-1192).

861	**M**	See, that's what makes me laugh! There are all these people they say you can talk to and understand what you've been through,
862	**S**	Mhm
863	**M**	Now you're sitting here, you're listening really, and you say, I can't. So how can they turn round and say yes we know exactly what you've been going, through. They can't, can they?
864	**S**	Mhm (no)
865	**M**	It's an un-logical thing to say to somebody. My dear, I know what you're going through and all this, how can they unless they've been through it themselves?

1190	**M**	See I can, really fully understand.
1191	**S**	Mhm
1192	**M**	Whereas unfortunately nobody else can, even though you get all these counsellors saying yes, we know what you went through. What, did they go through it all with her? I bet they didn't.

This knowledge-base was sometimes used to show to the controllers themselves that they were not able to understand, as they did not have the full picture when making judgements (650-670). This may be why it was important that the minimum level of understanding required by the family (118; 140; 231-238; 531-534; 856-865; 1190-1192) to enable co-operation and understanding of the story was first established. Karin wanted to assure herself that I had knowledge of the past before we could continue. Cheryl wanted to show her mother that she understood why things had to happen, or who was actually responsible (506-507) – for example why she could not visit her grandfather.

Now that the indicators of an ability to take control had been established, the process of **taking control** could be explored. The process of **how** this was done had many similarities to the process by which insiders were controlled, discussed earlier (for textual references, see discussion of Being controlled [Current Map: Insiders]). For example, there was again an attempt at establishing **joint control**, providing **negative descriptions** of the person whom they wanted to control, **doubting** the honesty of the person being controlled, doubting their abilities or achievements – specifically those of the professionals (104; 110-111; 232-234; 851; 1245-1261), doubting the goals and expectations (544) set, doubting their ability to understand, doubting what people thought or what had been said, and changing the focus or reasoning (111-113; 279-285; 535-539; 625-632). Both carers highlighted the challenges to discipline or authority (508-511; 524-529; 563-565; 941-949; 957-959; 1130-1132) by using negative descriptions and joint control (see Doubt and Negative Descriptions and Joint Control, Current Map).

563	**M**	But no, we get all the slamming doors, running up and down the stairs, jumping on beds and all that sort of stuff and (interrupted)
564	**D**	No I didn't, I did not jump on the bed.
565	**M**	Oh, I have caught you on the bed a few times
566	**GM**	Yes, but you call us, you call us nasty don't you? You don't love us and you hate us. That's her favourite saying, I HATE you!

It seemed important to Karin and Anna to **exert their ability to enforce the boundaries to behaviour set** (337-339; 510; 947-949).

947	**M**	... See, to my way of thinking, when, when we say no, that means no you can't.
948	**S**	Mhm
949	**M**	But she can't get, get that.

Anna and Karin made sure that they knew what the expectations were of Cheryl, and indicated this knowledge (544-548). For example, they made it clear they were aware of the homework she had to do. It seemed the strategies imposed on the family were now reversed in order to regain control.

Perhaps the clearest indications of the ability to take control were the ability to take actions to **confront the abuser and eventually to ensure his imprisonment** (446-450; 757-761) and to focus the **blame on him** when he tried to blame the victims the whole time (821-827). Another element of obtaining control was **challenging**. For example, when I used jargon, it was

made clear that this was not understood and I had to find a different way of saying what I intended (1000-1004). Also, the other professionals' ability to understand what was happening in the family was challenged (See Taking Control and Doubting, current map). Within the family, the various members **challenged each other to say what they knew** (423-425). There was a clear attempt by Cheryl to try to obtain control by showing that she was told more or had more information than she had been given credit for (332-336 compared to 367-373). In order to establish this, it may have been necessary to talk about previously unspoken secrets (87-91; 327-336). At first opportunity, Cheryl started talking about the abuse, whilst Anna and Karin wanted to highlight her behaviour for coming to the Centre.

87	**S**	Lets start over there. Why, why did you come to *** ******?
88	**GM & M**	(Looks at each other, M smiles. Cheryl looks at them to see if they will respond)
89	**D**	Because of my Granddad.
90	**S**	Because of your granddad. Hmh?
91	**D**	Because of what he'd done.

The opposite of challenging is **steering away from challenging or conflict** (297-298; 486-489). When asked to predict what her carers might say about a contentious topic, Cheryl chose not to respond or to respond in a way that made it difficult to challenge her. Karin and Anna acted in the same way, by creating a space where they could talk without being challenged and could choose their audience (108; 709). Yet another strategy was to talk about

someone and not talk to them (131-140). With Cheryl present, her carers started to talk about what they had to tell her in a manner that would suggest that she did not know what was said.

Taking control had specific **consequences.** Those who I am taking control from may be seriously concerned with what might be said (1241-1243). This may be why it is regarded as better to exercise control about what can be said in a protected environment – for example, when professionals are present and where the controllers do not have full control (110; 650-675). This makes it possible to choose how to act. Cheryl's carers mentioned that she never talked or thought about the abuse, yet she did so in my presence.

7.1.2. Authorship

In the following discussion of authorship, the focus is on the questions presented in the previous chapter to indicate authorship (Chapter 4, 4.5.4.3.). Because there is an overlap of content in the answers, some of the questions have been combined. As most of the aspects discussed in this section have been referenced to the original text, new references to the original text will not be made, except if the links to the text have not been indicated. Two possible scenarios will be presented, one focussing on the family members and the other on an externalised narrative therapeutic perspective.

7.1.2.1. Production of stories

i. Who is responsible for the production of stories? Who has the final say in telling stories or control over the storyline?

The stories in the family were controlled mainly by Karin and Anna. They had the power to give the victim a voice or to prevent her from talking about her experiences. They could set demands for what she was told (Map 4, Caring: Professionals and caring: if the struggle refers to professionals), or limit what she could say by using doubting and denial or by shifting the focus of the conversation once she started to tell her story (Map 3: Being controlled: Insiders). They seemed to have editorial control over her story.

The overall editorial control within the family lay with Anna, who had a significant influence on the content of the story told. When Karin gave the same reflection of the story as Cheryl and the professional, it was edited by the grandmother (Map 3: being controlled: Insiders: Disputing). This pertained specifically to the link between the abuse and changes in behaviour, and to determining what could be said in Anna's presence, but even her editorial control was challenged by the professionals who demanded that the content of conversations be scrutinised by them for what the family were allowed to talk about.

However, Cheryl sometimes rebelled against this editing, and decided independently what she wanted to say. She indicated her knowledge of aspects of the story that she was not supposed to be privileged to (Map 3: Threat to control: Breaking Secrets).

Looking at the stories of the family from a narrative therapeutic perspective, there is a different answer to the above questions. Now the main author of the story was abuse. Abuse had been active for at least two generations, and had dominated specifically the daughters, the women. For abuse to survive, he drew on Secrets for assistance. By using Secrets, he was able to exercise editorial control over the contents of stories. Secrets had a specific strategy to accomplish this.

ii Why are specific stories told?

Secrets created a ruse, using three main strategies. These were doubt, denial, and, most of all, control. The storyline was particularly well controlled to ensure that the understanding of events as specified by abuse was maintained. Any understanding not in agreement with this was doubted or denied and the listeners to the story were then pointed in the direction of the behavioural problems that were not described as a consequence of abuse, but rather as the actual problem. This ensured that secrets could help to maintain the deception around abuse. When an alternative storyline which could not be edited was suggested, the controllers tended to clam up or did not want to listen. It was said that Cheryl did the same when she was asked to talk about the abuse. This clamming up became part of the strategy of denial and it prevented a proper understanding of what had happened.

As will be seen in the subsequent discussion, it was sometimes difficult to distinguish between a focus on the family members and a narrative

explanation, as it became apparent that Abuse and Secrets, not the family members, decided on why stories were told.

One of the first reasons why stories were told was to generate a specific understanding of abuse in the family. Karin and Anna in particular wanted me to understand the history of what had happened (Map 1: Understanding: Linking with own abuse) and the similarities in the abuse suffered by both the mother and her daughter. The stories were also told to show there was no link between the abuse and changes in Cheryl's behaviour, and to highlight the enormity of their struggle with the behaviour (Map 5: Damaging Closeness: Indicators of a lack of closeness). This struggle with the behaviour was told to show that the help that the professionals had offered had not been of value (Map 4: Caring: If struggle refer to professionals: Failed caring) because they kept harping on about the abuse instead of focussing on Cheryl's behaviour.

There was, however, also a suppressed narrative struggling to be told, or that was told but did not get the attention it deserved. This suppressed narrative was one in which caring, support, closeness, and trust were the dominant forces, and all of these worked to protect the various women. This gave a different meaning to what was told or excluded from their story. For example, the historical link was not only central to understanding what had happened in the family, but was also central to why Karin was the best person to help her daughter. (Map 4: Indicators of caring: Understanding: History).

Establishing the link between the abuse Cheryl and Karin had suffered provided an opportunity for people to disclose their own abuse and the abuse that others may have been struggling to disclose (Map 1: Dealing with abuse:

mutual healing and disclosure). When Karin had disclosed that her father had abused her, other children had informed the authorities that they had also been abused by him. That Cheryl could talk to her mother, who had also been abused, meant that she could talk to someone who could truly understand, and, as Karin said, this in turn would help her as well.

There was a caring element to the mutual disclosure of abuse. Cheryl in particular was able to disclose what family members had suffered, as it was too painful to talk about it personally (Map 4: Caring: indicators of caring). Right at the start of the session she was the first to start talking about the abuse with which she and her mother had had to deal.

Even if the telling brought healing, it had to be justified. Before telling the story, the reasons for telling these secrets were provided (Map 2: Breaking Secrets), but the secrets themselves could also use talking to keep themselves alive by using doubt and denial and motivating the exclusion of some people from the facts (Map 2: How Secrets keep themselves alive).

The stories were also told to challenge people or opinions, which could be an indication that people did not agree with what they were told (Map 3: control Taking control: How) or what others were saying (Map 3 Taking control: Insiders). As the sessions progressed, this became more frequent and was dealing more and more with taking back control and authorship, but stories could also be told in order to control other people (Map 3 Control: being controlled).

Talking could be painful, however, and sometimes needed to be stopped because it could be too agonizing (Map 3: Closeness: Hidden

Closeness). This showed what they were ready to deal with (Map 4: Indicators of caring: Caring as protection: Protection from).

The last reason was that family members told stories to please the professionals. Cheryl, Karin, and Anna had had various engagements with professionals and knew what they wanted to hear. The telling was that part of the process which tried to create the best impression of other family members (Map 4: Professionals and caring: Caring missed by professionals).

During this conversation, I tried to explore alternative stories. These stories pertained to people's ability to care for each other, such as Karin's ability to help her daughter understand what had happened, or what Cheryl enjoyed and was good at. To tell these alternative stories was, thus, to explore a narrative that had not been fully explored yet in this family, but which offered some fruitful liberating possibilities.

iii Who tells stories?

All of the family members told stories, each with its own central plot. The details of these various plots or central story lines will be discussed in the following sections.

iv How are stories told?

Stories were first told in a specific space created by the family (Map 2 Secrets: Breaking Secrets: Creating Space). This exclusive space had two functions. It ensured that the secrets were maintained and that those who did not want to hear, or felt that listening might be painful, were not forced to do so.

The stories could also be told to make a point or take a stand. This was done outside the boundaries of the safe space created, but in the presence of people who would support the telling, such as the professionals involved. For example, Cheryl told me what she knew about why they were having the sessions and what had happened to her mother. When this happened, Karin and Anna, who had overall responsibility for editing, were not happy and indicated their shock and concern about these revelations (Map 2 Secrets: breaking Secrets: Consequences).

The negative stories, or stories that reverted from abuse being the actual problem, were told by the mother and grandmother, supporting each other (Map 3: Control: Indicators of closeness: Saying things together & Map 3: Control: taking Control: How: talking). This joint telling made it difficult to challenge the story.

From a narrative perspective, secrets only told stories in spaces that ensured that the ruse was maintained. Secrets recruited two people to tell these tightly controlled stories. Doubting various aspects thereof, or silencing the messenger, or being forced to clam up, silenced any telling not in unison with this.

The suppressed narrative or micro narrative of caring was expressed in the form of actions rather than words. This could be seen in Karin and Anna holding the mat for Cheryl to play on, or Cheryl seeking her mother's approval for the face she had made, and the caring way in they reacted to her.

7.1.2.2. Distribution of Stories

i Who do people say something about? For whose attention is it said? What is the context of these stories?

When people said something about someone else, they mostly intended for that person to hear what they said, either directly or indirectly, but not always all of what was said.

When Karin and Anna talked about Cheryl, they said things in her presence about her behaviour that they clearly wanted her to hear. The manner in which this was told suggested that they talked about what had happened in front of Cheryl, with the expectation that she would listen but not participate in the conversation. When they talked about their own experiences, however, they did not want her to hear and the rules for exclusion were applied (Map 2: secrets: How do secrets keep themselves alive: Exclusion). On the whole, there were only three exceptions to this. The first was that the abuser could of course not be present. The stories told were not only about his abuse and what he had done to them, but about the injustice to which he had been subjected (Map 4: Caring: Unreserved Caring: Protecting abuser).

The second exception was when Anna chose not to hear what was said about Karin's abuse and about her perceived failure to protect her after the first disclosure (Map 4:Caring: Indicators of caring: Caring missed by the professionals). Earlier in the conversation, she had already made it clear that she had knowledge of this and that she felt very guilty about this failure.

They also told me what their experiences of the other professionals involved with them had been (from the Police, Social Services, and Probation Services), but the various stories were also told to the professionals as people

who either had the right to know, or perhaps could be trusted with them, or the family members felt forced to tell these stories to the professionals (Map 3 Control: Indicators of ability to control & Map 3: control: being controlled: Outsiders). There was uncertainty about various people's motivation for wanting to know the story and their rights to it. For example, they disputed the school's need to know what had happened.

7.1.2.3. Consumption of Stories

i Who listens to the stories? What are their reactions?

There were two main storylines. The most important for them was the one pertaining to the ideas of abuse and behavioural problems. Specifically, abuse, as mentioned earlier, had to be told within the confines of the rules of exclusion, mostly or even exclusively for the attention of the professionals. If these rules were broken, the reaction of the family members was shock, emotional turmoil, and clamming up. The memories of their own abuse returned vividly for the carers when they heard of the abuse of the younger generation. Perhaps the most significant storyline, however, was the change in the relationship with Cheryl after the disclosure (Map 1: Abuse: Dealing with abuse: own Disclosure: Inform carers). Initially Cheryl had had a strong and positive relationship with her mother and grandmother, but the abuse had strangled this.

It was no wonder that when Karin and Anna tried to encourage Cheryl to discuss her abuse, she clammed up. When Cheryl revealed that she was aware of her mother's abuse, both her mother and grandmother designed strategies to prevent further disclosure (Map 2: Secrets: Breaking secrets).

They denied what she had said, or that the story had ever been shared with her (Map 2: Secrets: How secrets keep themselves alive).

Until this point the circle of professionals working with the family had kept expanding, thus enlarging the secret's audience. These professionals first judged the level of care provided at home and then imposed rules about what should be said and done. In other words, they started taking over. There was a suggestion that the professionals were also interested in what Cheryl enjoyed, what she liked to do, and the goals her mother had for their relationship. This shifted the focus from abuse to behavioural problems.

The reaction of the abuser when confronted was interesting. As could be expected, he initially denied what had happened and blamed the victim. When he realised that he could no longer deny the facts, he reluctantly accepted responsibility, leading to relief in the family members and a change in the power relationship (Map 1: Abuse: Dealing with Abuse: Disclosure of others' abuse). The family then took on a caring and protective role after listening to his story and realising that the power relationship had changed.

7.1.3. Summary of the Grand and Micro narratives

From the six maps a slightly different picture of the grand narrative and micro narratives started to emerge. This dominant narrative may be described as follows.

One of the central themes that had run through the story of the family, not only at the time of the sessions, but for quite some time, had been the presence of abuse. In order for abuse to keep operating in the family, it was important that it was protected by secrets. These secrets were maintained by

the denial of any facts that may have challenged the existence of the secrets which supported the abuse and denied the ability of people to take control of their lives away from abuse. For example, when the abuser was confronted with the abuse, he denied that it ever took place or that anyone was informed of the abuse (see Map 1 Abuse and Dealing with Abuse: Disclosure of other's abuse and denial). Sometimes, when denial was not present, doubt was used to maintain secrets or again to deny what had happened.

In summary, the authorship of the stories told lay first with Anna, with Karin also having an overall say in the telling, though not with the same level of editing rights. Cheryl had few rights to the editing of the stories. She sometimes rebelled against this and had decided to disclose elements of Karin's story that the adults thought she did not know. When this happened, Anna and Karin placed restrictions on what could or could not be said. In essence, the core element of what the family talked about was the abuse and behavioural difficulties experienced but, as was clear from the discussions of caring and closeness, there were narratives that did not form part of the grand narrative and were suppressed by it.

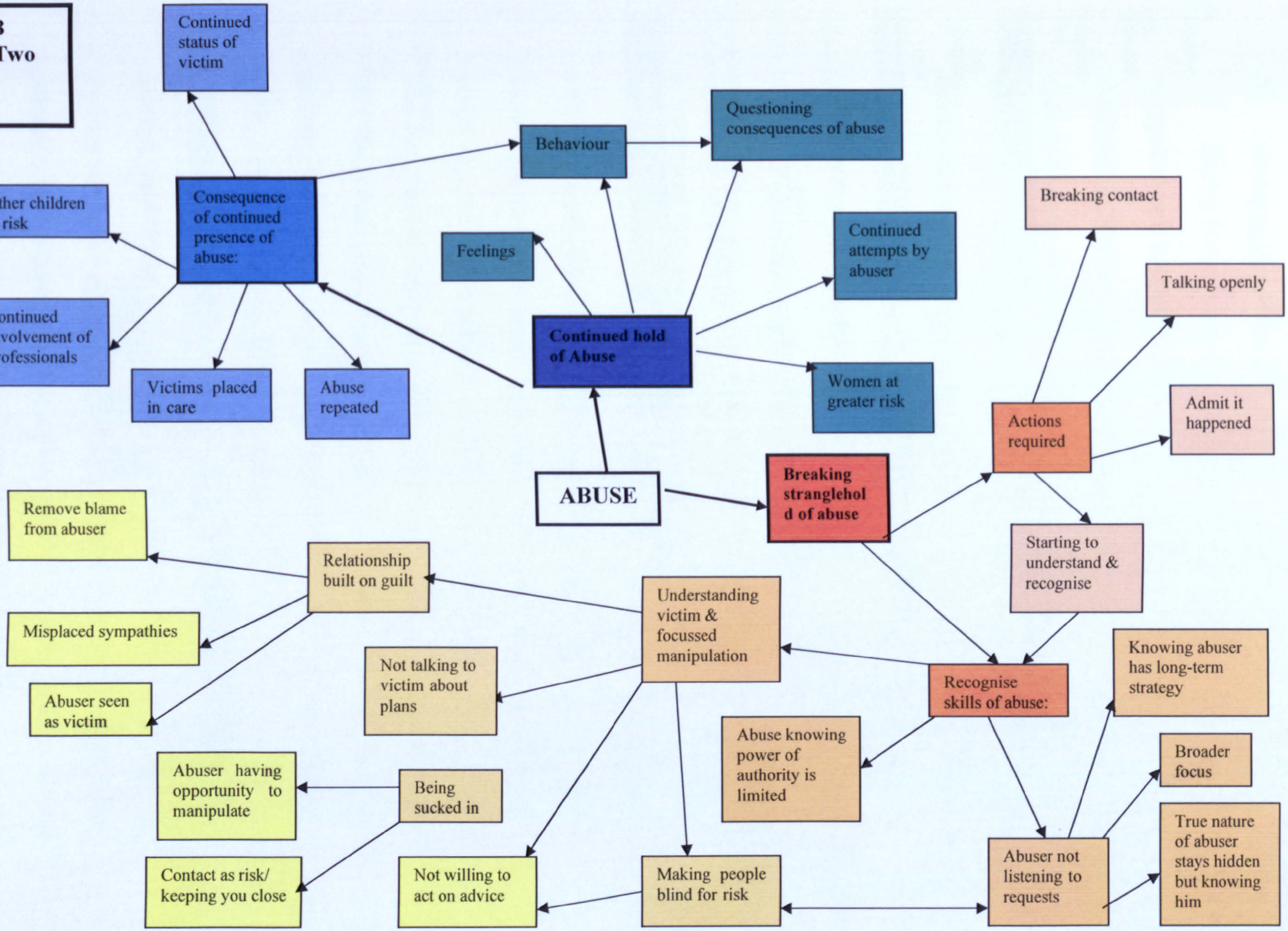
7.2. Family B: Session Two: Mimesis Two

7.2.1. Grand and micro narratives

In Bojé's (2001(a)) account of storytelling in human organisations, mimesis two concerns the grasping together of selected events, characters, and actions into a plotline. It involves a mediation between heterogeneous factors and between individual events and the story as a whole. In line with

the prescribed methodology, I have tried to use the same nodes here as in session one. In the analysis, one new theme emerged during the examination of mimesis one and the grand narrative, across virtually all of the nodes, and now included as a new map, namely Monitoring (See Session Two: Map 4: Monitoring).

Family B Session Two Map 1: Abuse



A) Session Two: Map 1: Abuse

During this conversation, the discussion of abuse focussed on its recognition and the continued risk it posed to them. There was also a strong emphasis on how the stranglehold of abuse could be broken and what had already been done in this respect. Listening to the video, the major change visible from the onset was that the level of denial and doubt had changed, with the denial and doubt now more prevalent in the abuser. Whereas in the first session clamming up had been discussed as a main stumbling block to dealing with abuse, it (abuse) was now something talked about openly.

The struggle the family had with abuse was ongoing. This session illustrated that, although there had been significant changes, **abuse still had a continued influence**, but in a markedly different format.

For them, the status **as victims** would not change until the relationship with the abuser had been terminated and there was no further contact, but there were continued consequences they were keenly aware of, some of which may not have been clear in the session. The first of these was that it was not only the women in this family who were at risk. The **risk ran wider; all girls** in their family were at risk (108-110). Secondly, as long as abuse was present, there would always be **professionals involved** (341-345; 400-409; 420), professionals who came in and expected them to do certain things and wanted them to understand what had happened in the way they saw it. The last two were hidden from view. Both of these, linked to the continued involvement of the professionals, were the views both carers heard whilst attending Child Protection conferences, namely that if the people were not satisfied that Cheryl was well protected she would be **placed in care**. This

was important, as all the professionals still regarded the **abuser,** once released, as being a high risk for **repeated offending**.

The major change from the first session had been the steps they had taken to **break the stranglehold of abuse**. They had realised that in order to do so they needed to **take action**. The most visible step in this process had been **to break all contact with the** abuser (73-77; 278-292; 329-332), as requested by the professionals, but he was still trying to ensure that he had contact, and in so doing continued manipulation of all three of them (73-77; 81-83).

73	**GM**	And hmm, I felt, ohh! You know, I thought these were, you know? And hmm, so he mentioned about them, you know? That hmm, he's been told, that they got to you know, stop. Cause he didn't think much to that.
74	**S**	So, so the prison service asked him not to call?
75	**GM**	Yeah. You see, but although they, then they said that they are in a difficult position, because being as Karin that visited it,
76	**S**	Hmm
77	**GM**	They didn't you know, doesn't, hmm, they don't quite know now how to work it, so,

108	**GM**	You know, and beings as you say, you know, beings of at the moment as I've only got grand daughters,
109	**SS**	Mhm
110	**GM**	You know? If he thinks that he's gonna be, you know,

		making, you know, he can be around them just as he fancies, you know, it's not gonna happen.

During the first session, one of the aspects of abuse vehemently disputed by Anna and Karin had been the link between abuse and changes in **behaviour.** In sessions four, five and six, this link was established, although there were occasions when either the link was unclear or the ability of the worker to explain the link was limited. For this reason, they may have questioned the link between abuse and behaviour (35-36 > 53-54). The metaphor used previously to establish this, however, namely the setting of a piece of paper alight, had left a memory with them and they recalled this link between abuse and behaviour (248-256).

There were also other **consequences of the continued presence of abuse**, seen in the **feelings** of helplessness experienced as the abuser continued to ignore requests to stop the contact (73). Cheryl linked helplessness to guilt at our last meeting. This guilt was then externalised (341-345; 400-409; 420-421).

400	**S**	Right. Cheryl, I want to ask you a favour. Every time that something happens that you've got negative or bad feelings about, I want to, I want to ask you a favour, you must, you must tell the guilt to go away.
401	**D**	OK.
402	**S**	Can you do that?
403	**D**	Yeah.
404	**S**	OK. Because the guilt seems to sneak up on you. And I

		think it's the guilt that made you colour your hair and all those things. It's nor really you, I think it's the guilt.
405	**D**	(Nods)
406	**S**	And we must get the guilt out of the house. Are we going to get it out of the house?
407	**D**	We'll try to.
408	**S**	OK. Will you try to?
409	**D**	(Nods)

420	**S**	OK. Will you draw me another picture of guilt?	
421	**D**	(nods head)	D starts getting paper to draw the picture

For the first time, Anna was talking to Cheryl about her changed status, that of being the **victim** (278-292). Thinking how difficult it had been during the first session, this was a significant step. The focus on her behaviour had been diminished; it was the abuse and guilt that had the most prominent positions.

278	**S**	I didn't, I didn't write this letter, maybe you can, you can help me to, to tell her about this letter?
279	**GM**	Well, I just told Granddad, Cheryl, that, that, hmm, he mustn't phone here any more.
280	**D**	Ha

281	**GM**	I didn't say, he's been told he mustn't phone here any more, right?
282	**D**	(Sounds like) How come?
283	**GM**	Because, you see, because he sometimes gets to speak to you, you see? And beings that, and mummy (Interrupted)
284	**D**	That isn't fair!
285	**GM**	And Mummy really cannot visit any more. Because, see, you are the, the victims of his (interrupted)
286	**D**	And so is Mum
287	**GM**	Yes, both you and Mummy, are. You see, so I tried to tell Granddad in a nice way, you know, that in a nice way, that if he needs to get in touch with us he has to write a letter
288	**S**	OK.
289	**D**	Why can't he ring?
290	**GM**	Because you see he can't (interrupted).
291	**D**	Because he's never going to write a letter to me?
292	**GM**	Well no, he mustn't because you see, because you see unfortunately Cheryl you see he did some bad things to you, and mummy so he mustn't be, he mustn't still be in contact with you.

These were steps that Anna took, but she involved Karin, urging her to do the same because she was concerned about Karin being drawn into the cycle of abuse again (75; 85-93), which could only be prevented by taking definite steps. They had taken the most difficult of these steps because they

were now talking more openly about what had happened (278-292; 176-178), whereas in the first session this had been described as impossible. In this context, they were also now admitting what had happened in their conversations (118-124; 285; 292) and not hiding it behind a veil of secrecy.

These actions had taken place, perhaps, because of a new understanding and recognition of what had been happening (101; 124; 167-178). One such aspect now understood and **recognised was the skills of abuse**. Anna in particular was aware that Abuse had a **broader focus**, namely on a wider target group if it could not find access to the initial victims (108-115). Abuse already had **plans in place** on how to act once released to gain access (95-97; 105-107) to specific people he viewed as vulnerable.

95	**GM**	And everything's gonna be hunky dory when he, his time is finished,
96	**S**	Mhm
97	**GM**	That he's gonna, she's frightened that she's gonna, he's gonna soak Karin up again.

Abuse was completely aware of the attempts to stop this process, and was not **paying attention to** requests to terminate the contact (73-77). **Knowing that the authorities' power to limit this contact was limited** helped strengthen his resolve to maintain contact (75-77). Anna knew that the true scale of these strategies was even greater because she also understood the true nature of the abuser (304-308), but knew she was not allowed to share this with all the victims. She was aware that his **focussed manipulation** made the victims (whom she knew and understood) vulnerable

(85-87). Anna knew that Karin and Cheryl became **blind to the risk** posed, making everything seem normal, thus creating the ruse of apparent safety (85-93; 101-115; 176-178).

176	**GM**	You see, because there's no point in me writing to ***** something, he must get, I must get Karin's, cause you see, I think Karin – see Karin I can't get through to Karin because I want Karin to realise that you see, the more she sees her father, you see, he thinks that everything is still fine between her and him.
177	**S**	Mhm, mhm. OK.
178	**GM**	You see, and I think Karin's gonna get sucked in again. Because he's going to come out and if he's close at hand, he gonna be, he's gonna be ringing Karin can you do this for me, Karin can you take me here. Karin can you do that.

Cheryl still did not see it in this way, **wanting to build** a **relationship with the abuser** even though she had been **given the information** to take alternative decisions (110-116; 281-284). This relation**ship was built on the feelings of guilt** (85-89) she held towards him. The **blame** was often **removed** (254-257; 258-264) and he was seen as a **victim** (158-160). She continued to hold **misplaced sympathies** for him (158-160).

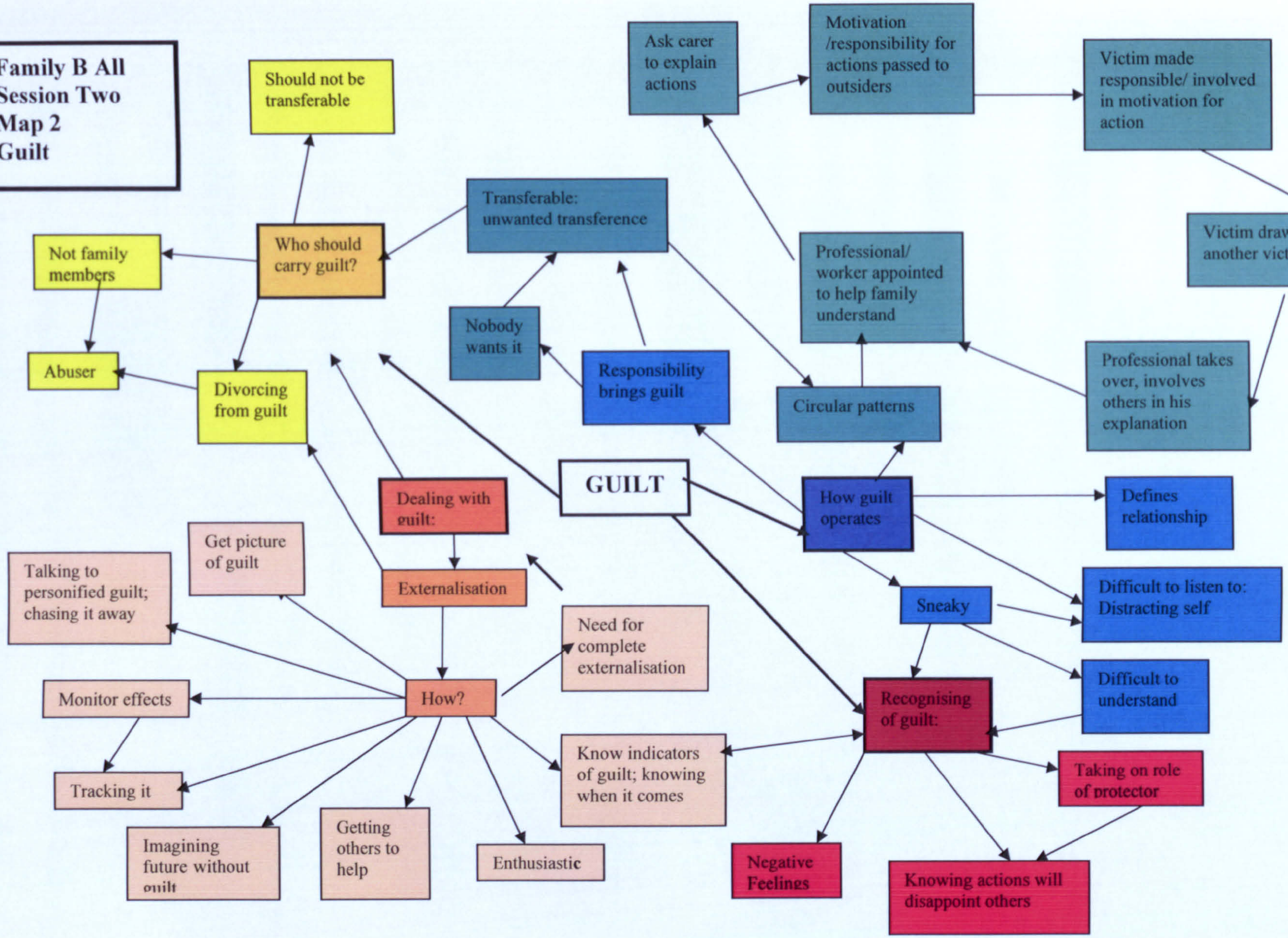
258	**S**	Yes, tell me what guilt has done?
259	**D**	... It upset most people?
260	**S**	Its upset most people. Hmh – what else did it do?
261	**D**	It got Grandpa put into jail, hmm,

262	**S**	Hmhm. You're saying it got Grandpa put in jail. Was it guilt that got Grandpa put in jail or was it what Grandpa did that put him in jail?
263	**D**	What Grandpa did.
264	**S**	What Grandpa did. And remember we said that your mum and, and, and Nan, that they also carry this guilt, and they don't know what to do with it?

158	**GM**	Why is it we've got the pain and he hasn't if you know what I mean?
159	**S**	Yeah
160	**D**	He has got pain because he is in the prison! We're not!

This made it easier for the abuser to build a trusting relationship with his victims. One of the ways in which he did this was by **not talking with the victim**, but rather to other people **about his plans** to get access (73-77). He tried to slowly **"suck in"** (85-87; 93) his victims, making sure he would have the **opportunity to manipulate them** (93; 178-180), but he did not seem to have realised that they had taken action, and were now talking to each other about these risks. This is why Anna was trying to make sure that the abuser did not have contact, removing all possible **opportunities for manipulation by keeping the victims close to** her (132; 176-180; 292). It was as if she had placed herself as a buffer between the abuser and the rest.

Family B All Session Two Map 2 Guilt



B) Session Two: Map 2: Guilt

During my two previous visits to family B's home, guilt had been externalised as a common problem. The operations of guilt and how it is passed from person to person was visualised by using a burning piece of paper that was passed on. Now some of the finer operations of guilt, the circular patterns it follows, and how to deal with it became visible.

When looking at how guilt **operates,** it is obviously a complex matter. Every time that guilt and how it works was discussed, the topic was changed or people were easily distracted (234-248; 264-272; 300; 330; 394-398). Unfortunately, the influence of guilt had become so strong that the various **relationships were defined by it** (85-89). Karin ensured that she maintained regular visits to her father. Until recently, Cheryl had regular phone contact, ensuring she had been there when he had phoned.

85	**GM**	And hmm, and of course she said about hmm, why do you think that Karin visits?
86	**S**	Mhm
87	**GM**	So I said well, I said to be quite honest, I think it's just guilt.

Guilt is something nobody wants (254; 257; 264). It is seen as **transferable** (152-156; 248-257; 295; 309-331; 468-473), but something one cannot get rid of once it is with a person. Unfortunately, someone has to carry it (the process of passing the guilt back to whom it belongs to be discussed shortly).

Guilt brings with it a certain amount of **responsibility**. People deal with this responsibility in **circular** patterns (272-292). As an example, I **was**

appointed with the responsibility to help the family understand what had been happening with them. **I passed this responsibility on to Anna** (278). **The responsibility to act was passed back** to them. When they asked for help to stop the contact (75-77; 281), they were told to write a letter asking for this. The most **vulnerable victim was made responsible** for why the actions had to be taken (283-285). When the phone contact was terminated, Cheryl was told it was because her granddad spoke to her. In turn, she **drew in another to help carry guilt and responsibility** by saying that he also talked to her mother.

In general, guilt was described as being very sneaky (404) and often **difficult to understand** (261-263; 385-392), that it crept up on people when they were not aware. For this reason, everybody needed to be able to identify the **indicators of guilt.**

One of the indicators of guilt was the **role of protector** that Anna had taken on since she had left her partner (the abuser). Previously, she had said that she had failed to protect both her daughter and granddaughter and spoke of the guilt associated with this. In this role of protector, Anna knew she sometimes had to **take actions that would disappoint others** (272-292). She was willing to take these steps in light of her previous experiences of perceived failure to protect. Her attempts at stopping her ex-partner from phoning her and their daughter were examples. Neither Cheryl nor Karin wanted this to happen.

A clear indication of this lay in **the feelings associated with guilt.** The family members had previously identified guilt as something that causes pain,

burning people (248-256; 295; 468-473), and this was upsetting (258-259; 393; 400-409).

248	**S**	Right, now, Cheryl, can you remember what we spoke about last time when I was here?
249	**D**	Hmm ...
250	**S**	Remember we had a piece of paper?
251	**D**	Yeah, and we burnt it.
252	**S**	We burnt the piece of paper. Hmm. And can you remember what you did with the piece of paper when it started burning?
253	**D**	Put it out! Put it out!
254	**S**	Put it out, put it out! Yes, yes. And can you remember you were here when we spoke to your Mum and your Nan about that? What did we say, what is that burning piece of paper like?
255	**D**	Guilt!
256	**S**	It's guilt! And if I look at what guilt is doing, it seems as though guilt is, (interrupts self) you remember you drew a picture of guilt
257	**D**	(Nods)
258	**S**	Yes, tell me what guilt has done?
259	**D**	... It upset most people?

To **deal with these feelings**, they needed to be **identified and then externalised** (341-345). This was difficult, as feelings were mostly dealt with in private (345-355).

341	**S**	OK, OK, right. Now, just before we light this again. Tell me, how does your cloth look to, to put your guilty feelings out? That's in, in you? You remember, hmm Niffelnoo, the story of Niffelnoo?
342	**D**	Yeah, I like that one.
343	**S**	OK. How can we take out those feelings, how can we take out the guilt?
344	**D**	Put them in the pots that we made?
345	**S**	Put them in the pots that we made. OK. And at school, what can we do at school?
346	**D**	.....
347	**S**	How about (Interrupted)
348	**D**	We, I can put them – I could put them in my coat pocket and bring them home and put them in my things.

Externalisation is central in the process of dealing with guilt. A significantly important lesson I learnt early on in the conversations we had is that the process of **externalisation of the problem needed to be complete**, as a partial externalisation led to the process needing to be repeated (393). To get a complete externalisation, **guilt needed to be visualised** (420; 445;

470) and personified, enabling them to **talk to guilt and try to get rid of it** (393; 400-409; 416-418; 460).

445	**S**	Is this what the guilt looks like?

470	**S**	This is the guilt. OK. But look what happens if we don't keep a tab on the guilt. Look at the bottom of the paper, look what's happening over there.	Puts flame underneath paper, paper starts to burn.

It now became easier to **monitor the effects** guilt had (437-438) by **tracking what it did** (456-462; 470). It became possible to **imagine a future without** guilt (410-416).

The best way to deal with guilt was by **getting others to help** (81; 116-118; 416-421; 449-460), making the term "we" become more prevalent. By taking joint action (319-323; 418; 437-438; 483) it was possible to overcome it.

116	**GM**	So, hmm, we, I've got to write, and she said she suggested that we write to a **** ******, he's a prison officer at *********,
117	**S**	Yes.
118	**GM**	So I got to get Karin to help, because beings because it's got to be on her, because with me, if I want to visit I can because there's nothing ...

416	**S**	Nice and happy. And will the guilt be able to, to, to talk to you and tell you to do things that you don't really want to do?
417	**D**	(Shakes head)

418	**S**	OK. Can we ask your Nan to help us with that? To talk to the guilt?
419	**D**	I think we can.

The picture of guilt was also displayed where everyone involved could see it, and, it was to be hoped, helped to deal with it publicly (447-452; 463; 483), shared amongst the family members.

An important question to address in the process of dealing with guilt was **who should carry the guilt** (156). The guilt that had until now been seen as transferable, **should not be passed** on (329-332). It was not something that any of them **should be expected to** carry (311-318; 327-328). **The person who should carry the guilt was the abuser and him alone** (132-136; 152-158; 309-318; 327-328). Once this was realised it was possible for the family to start **divorcing themselves from guilt** (136; 156), which in turn helped them to take control of their lives (See Map 3: Control: Taking control).

136	**GM**	As I could, cause he, you know, cause he, cause we got to make him understand you see, that he's the guilty one and not us!

152	**GM**	Yeah I did sort of, if he, if he reads it in the way that I put it, he should, he should go through in here.
153	**S**	Mhm, mhm
154	**GM**	You know, and give us a break.
155	**S**	Mhm, mhm
156	**GM**	So that we don't, why should we, still walk around feel guilty

		all the while, you know?
157	**S**	Yes, yes.
158	**GM**	Why is it we've got the pain and he hasn't if you know what I mean?

Family B All Session Two Map 3 Control

Monitoring as part of control: See Map 4: Monitoring

Knowing who can be controlled

Acting as consultant to professionals

Knowing signs of risk: See: Map 1 : Abuse: Breaking stranglehold: Knowing signs

Judging validity of others

Own feelings

Support controlled person to contradict carers

Telling others what to do & say

Understanding

Giving space for own control

Getting help

Challenging

Contact

Taking blame away: See Guilt: Externalisation

Get support for views

Taking control

Exclusion

Seek views

Asking feedback

Show positives

Showing better abilities

Explaining/ understanding

Joint action

Actions

See: Guilt: Dealing with guilt

Filtered communication

Giving control:

Take difficult steps

Deciding on contact

Understanding

Control

Who I control:

Abuser:

Spontaneous feedback before requested

Assigning guilt to abuser

Result of taking control

Insiders

Lack respect

Indicate actions to terminate

Behaviour

Boundaries

Insiders

Acting as spokesperson

What& How?

Being controlled

Exclusive conversations

Control emotions:

Abuser

Control passed on

Discuss concerns with professionals

Demand action

Show negatives:

Actions

Professionals:

Doing things with me

Understanding:

Understanding

C) Session Two: Map 3: Control

Comparing the maps of control of the first and current session, one strikingly obvious feature is how complex the new map has become. An aspect that has become dominant is monitoring, which will be discussed as a separate map, but should be seen as part of control. Overlaps between the two maps, which are frequent, will only be discussed once. As will be seen from the subsequent discussion, the emphasis is now much more on taking control rather than being controlled.

There are still indications that Anna, Karin, and Cheryl were **being controlled**, with the various **professionals** first in line. For them, the **understanding** that Anna, Karin, and Cheryl had of events and why the abuse had happened was paramount. When Anna gave her understanding as to why things had happened, I was quick to point to alternative ways of thinking (14-19; 30-35 > 53-54), based on preferred explanations (264-272; 393).

30	**GM**	Yes, well you've made such a mess of the bathroom, haven't you? All over the flannel – you see? Then she comes down and says she's had a bath and she hasn't.
31	**D**	Have.
32	**GM**	She is, she's getting really – she is, looking, going into other people's things where she's not supposed to go or touch, but she is.
33	**S**	Mhm.
34	**GM**	You just can't tell her. She thinks it's her right.
35	**S**	Right, right, OK. Hmm – does it seem as though, hmm, – to a

		certain extent, in the past, people went into her privacy, pe' (interrupts self), someone invaded her privacy.

53	**S**	No, I talked about her grandfather.
54	**GM**	... Well, Yeah, I suppose it could be?

Some of these explanations made little sense to them. The professionals made sure these explanations were used (278-292), pointed to things they felt people should be more aware of (181-185; 393), and focussed on the **actions** and tasks assigned.

181	**S**	Mhm, mhm. OK, right. Now, ahha! Before we play this game, I want to have a look, have you used that feelings box, those two things?
182	**D**	I don't know where they are.
183	**S**	You don't know where they are?
184	**D**	Yeah I make, I thought of them but I don't know where they are.
185	**S**	Tell me about the feeling you thought about.

Karin, Cheryl and Anna were told by the professionals and each other what to do (124) and had to report on their progress and the completion of tasks. This was done by asking what happened (181-184; 272-276; 361-362) and suggesting future actions (347-354). More important, perhaps, were suggestions about what should be said (304-308), emphasising again the

importance placed on **understanding**, but also the micro-management of matters such as communication.

304	**GM**	Cause I did say to **** that hmm, cause I mean, that hmm, Cheryl, I mean, thinks the sun shines out of her grandfather.
305	**S**	Hm.
306	**GM**	And I said that, you know, I said I'd would love to tell, be able to tell her what really, what really sort of a man he really is, you know? And I said you know, how evil he is.
307	**S**	Mhm
308	**GM**	And she said, well, she much too young, cause she said you mustn't use the word evil.

The session as a whole served to indicate another form of control, namely exclusion. For example, I decided to continue with the session even though Karin was not present, knowing she was on her way (227-238; whole session), thus actively excluding her (I need to point out that we did wait for her, but that I had another appointment; the session could have been postponed, however).

The control that the professionals have can be passed on (278; 281; 283), or indeed passed between participants, as was the case with Guilt (See: Map 2: Guilt: Guilt & responsibility as circular patterns). During session one, control had been exercised by **pointing to negative** behaviour. There were still occasions in which it was pointed out that Cheryl was lying (30), disobedient (1-3; 34), or destructive (24-30), but this was much more limited than in session one. What Anna (and previously Karin as well) now made

clear was that for them a major concern was the **lack of respect** (26; 32), specifically for the privacy of others, the need for **clear boundaries**, and what the consequences are if these **boundaries are not respected** (381-382).

The most obvious form of control during the session was the use of **exclusive conversations** (24-35; 79-81; 105-116; 116-159; 161; 226-227), often about things that were of great importance to Cheryl in particular. When she wanted to participate, she was asked to keep quiet, even when desperately trying to engage to get her views heard. After some time, she realised this would not happen and just listened to what was said.

79	**GM**	So anyway,
80	**D**	(Inaudible)
81	**GM**	Just be quiet sweetheart please. So I rang ****(Social worker),

It is important to look at **who controls whom**. In contrast to the first session, Anna, and to a lesser extent Karin. were now exercising control over the **abuser**; they were not merely helpless victims anymore. For him, **contact** was important, and they realised they could control this (108-110; 132-140).

132	**GM**	And I put it to him that, you know, that these have got to stop, you know? For, you know, and I sort of put to him as nicely as I could,
133	**S**	Mhm
134	**GM**	cause I thought, well, he's gonna be alienated cause he can't find, but I tried to put it as nicely, you know,
135	**S**	Mhm

136	**GM**	as I could, cause he, you know, cause he, cause we got to make him understand you see, that he's the guilty one and not us!

Because Anna knew the true nature of the abuser she was able to see past the ruse he created, enabling her to control him more effectively (304-308; See: map 1: Abuse: Breaking stranglehold: Knowing signs of risk). She was now **assigning guilt to the abuser**, blaming him for what had happened (132-136; 154-156; 292).

154	**GM**	You know, and give us a break.
155	**S**	Mhm, mhm
156	**GM**	So that we don't, why should we, still walk around feel guilty all the while, you know?

292	**GM**	Well no, he mustn't because you see, because you see unfortunately, Cheryl, you see he did some bad things to you, and mummy, so he mustn't be, he mustn't still be in contact with you.

The **ways in which control is exercised** became clear, the most visible and obvious way being how **behaviour** is controlled (1-4; 36-38), by **one person acting as a spokesperson** for others (351-360). Anna talked on behalf of and about Karin (58; 81-93; 176-180), making sure her views were heard and understood. With Karin not being present, Anna both acted as a spokesperson for her and informed me of her concerns for her. Family

members demanded a specific **understanding of each** other (279-292), making sure things were seen in a preferred way and **acted upon** accordingly (99; 176), just as the professionals had been doing (discussed earlier).

176	**GM**	You see, because there's no point in me writing to ***** something, he must get, I must get Karin's, cause you see, I think Karin – see, Karin, I can't get through to Karin because I want Karin to realise that, you see, the more she sees her father, you see, he thinks that everything is still fine between her and him.
177	**Social workerS**	Mhm, mhm. OK.
178	**GM**	You see, and I think Karin's gonna get sucked in again. Because he's going to come out and if he's close at hand, he gonna be, he's gonna be ringing Karin can you do this for me, Karin can you take me here. Karin can you do that.
179	**S**	Mhm
180	**GM**	See, he's not going to leave her alone.

One way a person can make sure someone else does things the way he or she wants them to is to **do the activities with them** (116-118; 211-213), or, alternatively, to ensure that that the things he or she does not agree with have been **terminated** (75 > 79).

116	**GM**	So, hmm, we, I've got to write, and she said she suggested that we write to a **** ******, he's a prison officer at *********,

117	**S**	Yes.
118	**GM**	So I got to get Karin to help, because beings because it's got to be on her, because with me, if I want to visit I can because there's nothing ...

Anna more than Karin, exercised control by focussing on Cheryl's **emotions** on **positives** (210-214). This helped to get the preferred messages across, such as reminding Cheryl that she and Karin have spent quality time together. When the right message was not given, she used sarcasm to make it clear she did not agree or like what had been said (205-209), thereby controlling the communication in the same way as the professionals.

205	**S**	OK. How qui (interrupts self) how often do you have a laugh with your Mum?	
206	**D**	Hmm – not very often.	Grandmother laughs when she says this
207	**S**	Not very often. OK, and with Nan (interrupted)	
208	**D**	Nan, why are you laughing, what are you laughing for?	
209	**S**	She's just having a laugh with us. And with your Nan, how often do you have a laugh with her?	

Family members and professionals used the same strategies to **give the control** to each other. Some of these strategies were positive – for example, pointing to **positive changes** (14-19; 20-23; 58) or allowing people

the **space to exercise their own control** (161-166) against some attempt to restrict this (226-227). It could also be simple acts, such as **seeking the views** of the controlled person (20-23), making sure they shared the person's **understanding and explaining** (248-256; 385-392), or ensuring that they did not need to act alone by **getting help** for the actions and tasks requested (418; 437-438).

16	**S**	It's between children, that, that actually it's been going quite well, read a very challenging text extremely well, some good teamwork in games, so she is able (Interrupts self) that says something very nice. Hmm – Hmm – Cheryl settled quickly this morning and produced some good work in handwriting, and then it mentions the problem of, of, hmm, hmm, a difficult afternoon, lots of disagreements, seem to be six of one and half a dozen of the other.
17	**GM**	Yeah.
18	**S**	So it's, it's all the children it seems, some very good work in literacy and numeracy in another day, hmm, one or two small incidents, hmm, so otherwise she has been shorting or sorting out worksheets, she's worked well in PE and in history.
19	**GM**	(Nods in agreement)
20	**S**	So, Cheryl, it seems the school are saying things are improving?
21	**D**	(Nods)
22	**S**	Do you also think so?

23	**D**	Mhm.

418	**S**	OK. Can we ask your Nan to help us with that? To talk to the guilt?
419	**D**	I think we can.

Some of the steps were more controversial, such as helping Cheryl **contradict the other people controlling her** or stand up for herself (161-166; 224-233; 240-247). On various occasions, when Anna asked Cheryl to keep quiet, I asked her what she wanted to say or play and made time for this in contradiction of Anna's wishes. Perhaps the most powerful action, however, was to **remove the blame** from the people being controlled, enabling them to take more control (See: Map 2: Guilt: Externalisation of guilt). The role Anna played here was important for both Karin and Cheryl. She actively tried to shift it to the abuser.

This session highlighted different things to look for to know when people have started to **take control**. Looking at the actions taken, the understandings they had, the way people were either included or excluded, and the way in which they dealt with guilt illustrated this.

The **actions** taken were built primarily on the new understanding of the risk posed by the abuser (See Map 1: Abuse: Breaking stranglehold: Knowing signs). Sometimes family members were keen to let me know of the actions they had taken and provided **spontaneous feedback** (126-132), most often about their most **important or difficult tasks** (132; 152-156), specifically those the different professionals may have doubted would happen, showing

them they have the ability to resolve problems that professionals had struggled with independently **(better abilities)** (101; 176-180). Not only during the current session, but during the previous sessions Cheryl, Karin, and Anna showed that they had the ability to help the professionals with things they could not understand (319-323), or to tell people **what they should do or say** (118-124; 171-175). A significant example of this was Anna being able to help Karin understand the continuing risk her father posed, whilst all the professionals had failed for more than six months to do so, and to make sure that the abuser did not contact them any more.

101	**GM**	So anyway I think Karin's come through 'cause I said to her that, the more she sees her father, her father doesn't think anything has gone wrong.
102	**S**	Mhm
103	**GM**	Everything is going to be all the same then when he comes out,
104	**S**	Mhm, Mhm
105	**GM**	Everything again is going to be all the same. You know, we're all going to be one big happy family, which we're not going to be.

126	**GM**	But I did sit down and I wrote him a letter.
127	**S**	You did?
128	**GM**	Yes.
129	**S**	OK.
130	**GM**	Hmm, I wrote it must have been about, four, four pages or

		so,

Another way the process of taking control becomes visible is when people start to **challenge** their carers and the professionals (1-3; 26-31; 38-44; 45-47; 278-284). Unfortunately, this could mean having to act alone, referring more to terms such as "I" rather than "we" (2; 29). Cheryl, especially, had started to challenge her mother and grandmother regularly. On other occasions, it may be more appropriate for a person to **get support for her or his views**, especially if others will not agree with him or her (57-63; 91-99). In some cases, even though Anna and Karin differed with the professionals, they decided to toe the line, particularly if it was about issues of risk or what others perceive to be risk (304-308).

The most important support came from within the family. They got everyone on board to take **joint actions**, knowing this was more effective for regaining control (418; 437-438; 447-452; 483).

447	**S**	Can we stick it up somewhere?
448	**D**	Where about, in the house?
449	**S**	Anywhere in the house (interrupted)
450	**GM**	Yeah, Yeah! Good idea.
451	**S**	We're gonna stick it up and every time that that we think (interrupted)
452	**GM**	(Inaudible) in the kitchen because we spend a lot of time in the kitchen, darling.

483	**GM**	So give, give me that so I can keep that, I want to get that

		stuck up, I'll get that up properly, thank you very much.

Karin and Anna exercised growing control over the professionals by **asking them for feedback** on the actions they should have taken (67-69; 353-358).

353	**GM**	Yes 'cause Karin, Karin's got to see her teacher tomorrow.
354	**S**	Yes, yes. If we can make two bottles for school as well.
355	**D**	(Cheryl first nods her head in agreement) I've got something, I'll be back in a minute, Hellmüth.
356	**GM**	Yes, cause Karin's going to see her teacher tomorrow.
357	**S**	Mhm I think one of (interrupted)
358	**GM**	For her, you know, check out, you know, the usual, you know

Taking control is not only dependent on an **understanding** of the **signs and risks of abuse**. It is also about an awareness and **understanding of one's own feelings** (184-185). Perhaps the best indication of a well-grounded understanding is first, when the **professionals start to ask for one's views and opinions to help them understand** (85-93), and second, when one is in a position to form an opinion on the validity of the professionals and their views (57-63).

85	**GM**	And hmm, and of course she said about, hmm, why do you think that Karin visits?
86	**S**	Mhm
87	**GM**	So I said well, I said to be quite honest, I think it's just guilt.

88	**S**	Mhm
89	**GM**	More than, the actual thingy.
90	**S**	Mhm
91	**GM**	'Cause she said, 'cause she's more worried about Karin
92	**S**	Mhm
93	**GM**	You see, 'cause she thinks that Karin's gonna be sucked in. Because she reckons, you see, that if, hmm, it's not nipped in the bud, beings that he's already on the lines that it's not his fault,

Once people understand they are more in control, they start to say what they think when they would not have done so previously (57-63).

57	**S**	OK. And to **** (social workerS) and, hmm, and and hmm, what, what she said. And, hmm, it seems as though, in the conversa (interrupts self) ****, you remember ****, the social workerS? She said to me that she thinks there's been a huge improvement since she went, she came to visit you the last time. And she thinks things are all right, ten times better. And hmm, the, the, it seems as though, you know, as part of her work, keeping in touch with the other professionals, that people really think that, that improvements have taken place. Now, the one thing that, that, I was wondering was, remember last time, it was also, you said to me, it was also, that there were specific concerns that you had? But why is it that so many other professionals feel that things are going

		well, that it's going good, and that they've seen such a difference since last year?
58	**GM**	Well, I don't know because we never had any, part from, I mean **** (social worker) came a couple of times and that was it.
59	**S**	Mhm
60	**GM**	You know?
61	**S**	Spoke to you on the phone recently?
62	**GM**	Yeah, Yeah, that's right, I phoned her up, hmm,
63	**D**	She's a waste of space!

Sometimes the understandings needed to take control are not about the obvious, but rather the hidden rules and boundaries in a family, and knowing how flexible these boundaries are (370-377). **Knowing** these helps one to understand **who it is one is able to control**, or just influence.

Taking control is not only an inclusive process; it can be specifically about the **exclusion** of people. In some instances, it may be about excluding oneself, thus not having to listen to what is being said or not wanting to participate in activities (234-248; 300). Even the absence of Karin and Cheryl's father could be interpreted thus. In situations where it is more difficult not to be present, distraction seems to be a method used with great effect (330; 334-341; 385-392; 394-398). Cheryl did this in particular when emotional or difficult topics were being discussed. Some could be excluded directly – for example, terminating contact with the abuser (132-136). During the session, conversations took place about Cheryl without including her, but with the

expectation that she would be listening (317; 319; 327). Control can also be taken by **filtering the communication** (55; 57). Anna had made sure that virtually all the communication from the various people involved went through her. The only organisation Karin dealt with was the school. This filtering was not seen as malicious or manipulative, but rather as an act of helping Karin and protecting her from sometimes hard messages, particularly from Social Services. However, the **exclusion of guilt** and its practices is perhaps the clearest example of taking control by exclusion (See: Guilt: map 2: Dealing with guilt).

Taking more control has had a clear **impact on the family.** Not only was there a growing enthusiasm to deal with issues that were not even spoken about during the first session (445-463), they also said they had started to feel better (136 > 145-150; 154-159) when realising that they were not the ones who should carry the guilt and that the abuser now had to pay attention to their views. They also felt in control of his desire to make contact (124; 132; 140-42) and that he, just like other members of the family, was starting to **understand** the impact of what had happened and the actions that needed to be taken (101).

101	**GM**	So anyway, I think Karin's come through 'cause I said to her that, the more she sees her father, her father doesn't think anything has gone wrong.

136	**GM**	as I could, cause he, you know, cause he, cause we got to make him understand, you see, that he's the guilty one and not us!

145	**S**	OK. Hmm, how did you feel after writing the letter?
146	**GM**	Good. Actually.
147	**S**	Did it feel like a weight off your shoulders?
148	**GM**	Yeah
149	**S**	Or just a good feeling,
150	**GM**	Yeah

A central concept running through the whole map of control is understanding. Control depends on a specific knowledge and understanding to operate.

Family B All Session Two Map 4 Monitoring

Monitoring from part of process of control See: Map 3 Control

Future risk

Accepting responsibility

Guilt

Changes in family

Contact with other professionals

Tasks & positive change

Professionals

Recollection

Relationships

Credibility

Problems

What they say/ limiting help

Outsiders/ monitoring professionals

Work completed & Support; joint action

Understanding

Accountability of own actions:

Monitoring

Acceptance of responsibility

Family

Actions

Abuser:

Understanding

Behaviour

What people say

Lack of action

Understanding & abuse

Tasks of others

Family prompt each other for action

Family request action from professionals

Professionals warn of risk

Professionals request action from carers

Family point other professionals to risk & ask for help

More professionals involved & request action

Monitoring, accountability & responsibility as circular web

Limit their responsibility& warn of risk

Monitoring process:

Method of monitoring

Abuser

Wider opportunities

Method of feedback and monitoring

Attempts at stopping contact

Reactions of professionals

D) Session Two: Map 4: Monitoring

Before continuing with the discussion of monitoring, I need to stress that it forms part of the process of control, forming a complex web with different people involved in monitoring themselves and others. Often there is cross-monitoring with, for example, the abuser monitoring what the family is doing and the family monitoring his reactions in turn.

In the act of monitoring, the **abuser** pays careful attention to the **reactions of the professionals** (71-73) who want to stop his **contact** (71-73; 85-105). He says what he thinks, knowing that people will tell the officials, and then waits for the reaction of others. His monitoring is not limited only to his past victims; he is also looking for **wider opportunities** for abuse and the awareness of others to these opportunities (108-115).

71	**GM**	And hmm, no phone call and then all of a sudden we got one on the Sunday. You see?
72	**S**	Yes, yes.
73	**GM**	And hmm, I felt, ohh! You know, I thought these were, you know? And hmm, so he mentioned about them, you know? That hmm, he's been told, that they got to you know, stop. Cause he didn't think much to that.

For the **family** it is important to monitor what the abuser is doing and thinking, specifically his ideas about contact (71; 108-110; 140-142), his **acceptance of guilt** (132-136) and **responsibility** (73-77; 81-83) for what has happened, and his **understanding** (73).

81	**GM**	Just be quiet sweetheart please. So I rang ****(Social

		worker),
82	**S**	Mhm
83	**GM**	And I said to her, you know, that, you know, that they had obviously spoken to him, in prison,

140	**GM**	Oh yes, yes! He's got that but I mean I have heard nothing, so, whether he just doesn't like me any more or he's not gonna write to me any more or what, or what, I don't know.
141	**S**	OK.
142	**GM**	I haven't had none, no feedback.

These relate to the future risk of abuse (73-79; 178-180). As part of monitoring everyone's **understanding**, Anna in particular was making sure everybody understood the risks involved (101; 124; 176-178; 272-292), specifically in the nature of the relationship Karin has (85-93; 176-178) with her father.

Karin and Anna kept a close eye on the **actions** of others. As could be expected, they kept Cheryl's **behaviour** and changes or lack of changes in behaviour under scrutiny (1-4; 26-38). All sessions normally started with them providing feedback on her behaviour.

26	**GM**	No, no, nobody you, this is another thing, she's getting very naughty, she, you know, she, goes into cupboards, other people's cupboards, and she gets things out that she shouldn't touch.

27	**S**	Mhm
28	**GM**	You know, and she sprayed all the curtains with this spray, you know, (Interrupted)

Cheryl, Anna, and Karin's monitoring is wider, carefully listening to **what others say** (105-115; 203-209; 217-223) and responding to this and to the actions or sometimes **lack of actions of others** (116-118; 124; 176). Cheryl was especially quick to react to what others were saying.

158	**GM**	Why is it we've got the pain and he hasn't, if you know what I mean?
159	**S**	Yeah
160	**D**	He has got pain because he is in the prison! We're not!

The whole family were also **monitoring the professionals**. They were able to reflect on the **concerns** and **understandings** the professionals have (77; 81-83) and assigned **credibility** to them (57-58; 62) based on the work they had done and the support they provided (55; 57; 81; 99; 176-178; 353-356; 437-461).

81	**GM**	Just be quiet, sweetheart, please. So I rang ****(Social Worker),
82	**S**	Mhm
83	**GM**	And I said to her, you know, that, you know, that they had obviously spoken to him, in prison,

Many of these actions were joint actions with the various professionals, with Anna in particular and the **professionals** monitoring each other. The regular contacts with the professionals were important for monitoring (61-62). The conversations with them focussed on a variety of aspects which had not been clearly spelt out, namely the assessment of **future risk** (93), **changes in the family**, completion of **tasks** (57-58; 181; 198-207; 215-219; 272-278; 361-362), their **recollection** of previous sessions (248-255); the **relationships amongst family members** (198-203; 205-210; 215-216; 272-278) and relationships outside the home (14-18), the acceptance of and the awareness of other family members of their responsibility (171-178), and their ability to deal with the externalised problem, namely Guilt (437-461; 470).

The **monitoring process** can be understood by looking at the way in which people monitor each other, the way they **provide feedback** to the monitoring, and how it is passed from person to person in an endless web. The monitoring process of the family members and professionals mirrored each other, both using the same strategies.

The **method people use to monitor** each other consists of straightforward strategies that are seldom openly spoken about. Both the carers and I may ask for reports from each other (14-19) by asking questions about the completion of tasks and events in the family (209-215; 361-362), listening to what the others are saying, and then being able to respond quickly to their views (217-223). The feedback to the monitoring can be in the form of verbal (71-73) or non-verbal reports (206), telephone contact (55; 57), or by explanations (101; 272-292) as requested by different people.

14	**S**	Mhm. An hmm, it seems as though this,	Reading from the

		this book suggests, hmm, that except for squabbles between, hmm, hmm, the teacher's saying it's six of this and half a dozen of the other	feedback book sent home form school.
15	**GM**	Yeah	

55	**S**	Mhm ... OK ... Hmm – I, first of all, I, I wonder if I could hmm, just tell you, hmm, about the conversation I've had, remember that we said that I'll be talking to Social Services?

361	**S**	We, we also mentioned last time of trying to act as spin doctors, trying to get a different hmm, hmm, slant, spin to things that have happened. Has that been – have we, we been able to look for positives things?
362	**GM**	Yes, yes.

It seems that monitoring takes on the properties of an unwanted commodity, passed on in a circular manner. The **professionals warn the family,** after monitoring what they do, of the risk posed to them and consequences of not taking action. In turn, the family members **prompt each other to take action** in order to prevent future risk (116-118). To deal with this they **ask the professionals for help** in managing this risk, specifically regarding aspects they have little control over or understanding of, and scrutinise their actions (61-67; 81-83). The **professionals, in turn, prompt the family to take action** (116; 278) after **referring them to involve yet**

more professionals (116-118) to participate in their surveillance, who point the family to their **limited ability to take responsibility** (73-77), but again warning the family of **the risk involved.**

Just as with the map of control, understanding is again a central theme in this map.

7.2.2. Authorship

Two possible scenarios will again be presented in the discussion of authorship, one focussing on the family members, and the other on an externalised narrative therapeutic perspective.

7.2.2.1. Production of stories

i. Who is responsible for the production of stories? Who has the final say in telling stories or control over the storyline?

The authorship of the story was by this time located in two places. It was first with Anna. She had changed several plots in their story. In contrast with the previous session, she no longer struggled to accept the abuse and was by this time actively engaged in fighting it, leading the struggle, deciding who was included and excluded, and deciding how long people remained part of the story. It was her decision finally to terminate the membership of the abuser. She also acted as a filter between the family and various professionals and helped the professionals to view the story in her preferred manner.

Anna, as the main author, told stories to make sure people fulfilled their roles in her preferred story (Map 1: Abuse: Breaking stranglehold of Abuse: breaking contact with abuser). She, by this time, had the ability to assign new identities or characteristics to the various characters in the story, even if they did not always agree (See: Map 2: Guilt: Indicators of Guilt: Role of Protector). This could be done by pointing to positive changes people had made, or by pointing to new-found cooperation, clearly indicating expectations of various people informing the previous authors they were not in charge any more, and assigning blame and guilt as appropriate. By acting as guardian, the main author can control who has access to the various role players, what is said to them, and how it is said.

A micro narrative that should not be missed is the authorship Cheryl was acquiring. She had become more willing to challenge the carers and to stand up for what she wanted. She was painting a new role for herself, namely as the person who was responsible for the care and emotional support of other family members. This was a significant change in the way she viewed herself. In session one, each of the family members had a singular story to tell, with Karin and Anna telling a story that largely excluded Cheryl, or that portrayed her as the only problem. Cheryl was, by this time, more and more involved in the telling of the story, initially on the request of the worker, but later on after Anna had reached out to ensure she was part of the story Cheryl was telling. This was a movement, therefore, from Anna telling Cheryl's story to Anna wanting to be part of the story Cheryl was telling. The discussion right at the end of the session with the picture of Guilt was an example of this.

The authorship the professionals have was still clear. One of the tasks I had assigned myself was that Cheryl should become an author in her own right, by ensuring she had the necessary information to help her make decisions (278-292) and by providing space for her to explore what she wanted to do (161-166; 240-247).

The one person who previously had a strong influence in the story was the abuser. He was, by this time, becoming sidelined, had less influence over the storyline, and contact with him was actively being discouraged, thus isolating him.

From a narrative perspective

During session one, Abuse and Secrets were seen as dominating the family story, with the term "clamming up" often indicating that something was held in secret. During the current session, Secrets were not dominant any more (Map 1: Abuse: Breaking the stranglehold of abuse) and there was an active struggle against Abuse. The main aspect, previously controlled by Secrets, that of Abuse, was by this time discussed openly. Secrets had therefore lost their authorship over the family. However, another previously hidden author had come to the fore: Guilt. The family now had to battle with guilt in the same way they had done with secrets.

ii. Why are particular stories told? Who tells the stories?

A theme touched on frequently was understanding. Many of the stories were either told to help others understand, to give a personal point of view, or to show other people one had the ability to understand. Many of the issues Anna raised showed she understood the concerns raised by the various professionals with their family. Cheryl had, since session one, made it clear that she understood more than others gave her credit for. It was also central both to the process of monitoring and that of control.

An important change in the context of storytelling was the link between behavioural changes and abuse now accepted by the grandmother, the person opposed to this idea in session one. This changed the motivation for why things needed to happen, and why, for example, contact with the abuser had to be stopped. Previously it had been too painful for Anna to talk or even listen to the stories of abuse, but by this time everybody was talking about Abuse much more openly.

For the first time, they had begun taking control not only of their own lives, but also the life of the abuser (See: Map 3: Control: Taking Control). The stories told highlight this. He was not any longer only a victim; he had become the person who should carry the guilt and blame. Anna made sure that I was aware that she knew the danger he posed to others and that she was taking action to protect those vulnerable to his abuse. She monitored him as the abuser by looking at his acceptance of the guilt, responsibility, and understanding of his new role (See: Map 4: monitoring: Monitoring the abuser).

The whole process of monitoring, highlighted in the analysis, is about managing the authorship of the story. The professionals encouraged the family to monitor themselves and required them to be accountable for their actions. This allowed the professionals to control the family by letting them monitor themselves (See: Map 4: monitoring: Insiders). The family members, however, had also started to monitor the professionals, taking control back from them (See; Map 4: Monitoring: professionals). They questioned the professionals' storyline and authorship, or credibility to take on authorship (35-36 > 53-54), and seemed to take on more of the authorship or management of their story.

The family members told stories to illustrate that they had become able work as a unit, that they were there to help each other, and that joint action was possible (See Map 2: Guilt: Getting others to help: joint Action).

From a narrative perspective

Through stories, guilt can be controlled. It allows for guilt to be re-assigned to the abuser. Central to the ability to assign guilt to someone is the externalisation of guilt, seeing it as something that does not belong to a person and something one can control (See: Map 2: guilt: Dealing with Guilt: How: Externalisation).

In the previous sessions, much attention had been paid to Secrets and their dominance and control of the stories. The open discussion about Abuse was indicative of the way in which they had been able to reclaim authorship away from Secrets. It was because the stories of the past had begun to be told that Secrets had been sidelined.

iii. How are stories told?

I tried to tell stories by using symbols or metaphors, such as using the burning piece of paper to symbolise guilt. These metaphors, with things like pictures, previously worked excellently for Cheryl, demonstrated by her ability to understand the concept of Guilt and how it operates.

Stories are often located in the feedback provided to the professionals. As illustrated in monitoring and control, this can take on the form of phone conversations, written reports (from the school or writing to the abuser), or sessions with the professionals. An example of this was Anna telling me about the letter she wrote to her abuser.

The telling of stories was no longer dependant on a safe space. They could by this time be told openly, but the safe space was still valuable to deal with painful issues, such as feelings being brought home from school to be dealt with in the privacy of the family home.

7.2.2.2. Distribution of stories

Previously, the distribution of stories had been controlled and strictly limited by the operations of Secrets. A question that could be posed is how people control the contents of stories. It became clear during the analysis that monitoring was one of the major tools used by all involved to control the contents and flow of the storyline (457-460). The role of filter or spokesperson provided for a strong ability to control the storyline (See map 3: Control: taking control: Exclusion; & Control: Who I control; Insiders: How). The messages

that reached the family were those that the person taking authorship wanted or preferred for them to hear.

Exclusion was used in the telling, controlling the flow of the story (See Map 3: Control: Being controlled: insiders). It seems the safe spaces, referred to in session one, may have become exclusively spaced. The rules of exclusion of session one still applied, though in a revised format, as they were applied by this time to Karin as well. Things were said when people were not present about what they had done or not done.

Who do people say something about and what is the context of these stories? For whose attention is it said?

For the first time the communication with the abuser had changed. His authorship was being removed and the guilt and blame that belonged to him was returned. His initial reaction was to ignore this when the message came from the professionals, but once it was repeated by Anna, he realised he had no alternative but to adhere. It seems he held her message in higher regard than that of the professionals. In session one, Anna had been one of the channels he had used to maintain access to Cheryl and Karin, giving messages to her for Karin's attention. By this time, however, Anna had become the obstacle to his communications.

The family told their story to the professional, in the first instance, to illustrate their new commitment to the breaking of the secrets, and secondly to show they would take on the new enemy, guilt. The social workers were informed of the actions the family had taken and planned to take. They knew that the workers would remain involved as long as they were of the view that

there was some kind of risk. Once it was clear to them that the family members were in a position to monitor themselves, they could retreat slightly, as Family B would do the work for them. An example of this were the clear indications by Anna that she knew what Karin was doing and was making sure that she was breaking the contact with the abuser.

7.2.3. Consumption of stories

Who listens to the stories? What are their reactions?

Those working with them by this time had to listen and pay attention to what they were saying. The social workers in particular listened to specific parts of the stories that would ensure that they could indicate that the actions they had taken were justified, focussing only on the positive parts they wished to emphasise in reports. Although not part of this study, the reports to the various Child Protection Conferences were a good example of this.

The abuser had become forced to listen to Anna and to act in accordance with his new, assigned role. It was important that he paid attention to the role assigned by Anna, but not to the role assigned by the professionals (of not making contact and removing himself from the story altogether). Whilst able to ignore their wishes, he was unable to ignore hers.

It can be argued that two groups of listeners have developed: the selective listeners who chose what they preferred to take away, and the forced audience who had to do as the script dictated. In both these cases the previous authors had become either the selective or forced audience.

One of the biggest achievements had been that the process of clamming up, often referred to in session one, was not mentioned by this time

and seemed no longer to be of importance. Anna, who previously clammed up first, had become the main advocate

The narrative type will be discussed at the end of the summary of the grand and micro narratives.

7.2.4. Summary of the Grand and Micro narratives

The family had removed the ruse that Secrets had created in session one. This made it possible to address Abuse directly. Between sessions one and six, a new adversary, Guilt, was identified. It was much easier to start with a process of tackling Guilt for them and placing it, along with Secrets and Abuse, at the door of the abuser, with whom it belongs. This was possible because Abuse and Secrets had lost their grip on them.

Anna remained the main author, but her personal role had changed. Whereas in the past she had been a key role player, denying the link between behaviour and abuse, she had become one of the main advocates for this position and for wanting to protect family members from the abuser. She wanted to help others in the family understand the true nature of the abuser, and was only restrained in her efforts to do so by the professionals. Understanding was a central element throughout the whole story.

Previously the main micro-narrative was that Cheryl knew she could get support and help from her mother and grandmother, but that this help was not offered openly or in public. Anna had, by this time, come to show that she wanted to be involved in Cheryl's story and offered to help her in a way and place that was not only public, but that would involve the other family

members. Throughout the conversations were various examples of how important closeness had become, not only in doing things together, but as a tool for safety and protection.

Although Cheryl was clearly not yet the main author of her story, there were aspects that had changed. Cheryl was not denied the telling of her story any more. She could now tell her story in the way she preferred, but acknowledged that she did not have overall editorial control.

The image that springs to mind is that there was a light at the end of the tunnel, that Cheryl was not walking the road alone any more, but had help. Instead of having Anna and Karin close to each other keeping Cheryl at a distance, they now strove together to achieve their liberation from Abuse.

7.3. Comparing Sessions One and Six

7.3.1. Scaling

Unfortunately, no scaling took place in session six. I only realised after the session that I left out this task. However, the scaling of sessions five and seven could serve as an indication of the development that has taken place.

Figure 5.1: Rating scale for changes in the family: Rating out of a possible of 10 marks.

Topic:	Session One	Session Five	Session Seven
Family in general	7.5	7	8

Cheryl's behaviour	0	4	5
Relationship with Cheryl	5	6	7
Relationship between Karin and Anna	10	10	10

This illustrates a change in the way Karin in particular perceived Cheryl during sessions five and seven.

a) What changes did the family note?

The most important step they took must be the decision to terminate the contact that the abuser had with them. Anna, the main author, had written to the abuser. In session one, the abuser's needs were protected. He was, by this point, blamed for what had happened and they were no longer accepting responsibility for his actions. This had led to them starting to feel better. It was noticeable to Anna that the abuser was listening to her but not to the professionals. It was after her request that he stopped contact.

In session one, the linchpin for the abuser was manipulation. They realised this and exposed his true nature, and understanding this was something vitally important for them. Because of this, manipulation no longer worked. They were also able to visualise a future without Abuse or Guilt being present.

b) What changes are clear from the coding?

Anna had not wanted to talk about the abuse or be present when it had been discussed in session one. She later moved to taking a leading role in the

struggle against abuse, confronting what had happened in the past head-on. In contrast to session one, doubt and denial did not play the same prominent role that had previously, with secrets, helped to protect the existence of abuse. This helped everyone involved to deal with the abuse openly in the family or to involve others in the attempts to deal with abuse. At the start, Anna and Karin both disputed the link between abuse and changes in Cheryl's behaviour. It was now accepted by everybody. They were able to differentiate between Cheryl and the actual adversaries, which were abuse and secrets.

c) Power struggle

For a long time, the abuser still had a strong, even controlling, influence on the family, even from inside the prison. He had come to lose this control. Anna, as the main author, had positioned herself not only to protect Cheryl and Karin, but also all the external family members from him. He had virtually lost his ability to influence the family's decisions.

Although it did seem at first that the family had been able to take power away from the professionals, for example by being able to make judgements on the their' abilities, this was not totally the case. The power the professionals have was no longer exercised openly, but had become hidden. Anna, Karin, and Cheryl had started to monitor their own views, understandings, and actions, taking over the monitoring role of the professionals who could at last stand back and allow them to do the work. When they asked for help with this, specifically to help protect the family members from the abuser, the responsibility was passed back to them. This

formed part of the process of monitoring, as the occasions when they asked for help seemed to be linked to the occasions when monitoring was involved. The professionals ensured that the family were less able to monitor what they were doing by not wanting to accept tasks set by the family, but still expected of Anna, Karin and Cheryl to do what they required.

A redistribution of power also took place, with a growing effort to involve all the family members in decision-making. In session one, many of the conversations had been about Cheryl without involving her. Although this clearly still happened, she had become involved in decision-making and her opinion was sought. Anna allowed her to ask questions and made every effort to be involved in her struggle against guilt.

d) Universal Truths

The first and perhaps most noticeable aspect of the story is that caring and protection is still done by women. In session one, two other universal truths were identified. The first is that Cheryl was, at that stage, seen as the only problem. In this session, Cheryl was not seen as the problem any more. Anna now described her as the victim. The second change was in the impression in session one that they were nearly helplessly being sucked in, or that that some clammed up when the topic of abuse was raised. This did not happen any more and the discussions were open, with attempts being made to protect all from being sucked in.

e) Secrets and externalised problems

Secrets, using Doubt, Denial, and Control in their externalised form, had been the main authors. By session six, this was no longer the case. Secrets had lost its grip, and Doubt and Denial had been replaced by an acknowledgement of what had happened. The family members were no longer those maintaining the Secrets, but rather it was the professionals who were preventing them from disclosing the full nature of the abuser. The problem of clamming up was not mentioned in this session at all.

In session six, as well as in session five, Guilt was externalised. The process of dealing with Guilt at this point had not been complete, but they had acquired the ability to separate people from problems, making it easier to tackle Guilt as an externalised entity.

7.4. Critique of the methodology

7.4.1. Theoretical discussion

Bojé (2001(a):39-40) argued that stories or grand narratives are often told as apologies for what has happened in the past. On various occasions, stories were told to justify why things have or have not happened– for example, why Anna did not believe Karin when she revealed her abuse. Looking back at these accounts, I am doubtful if 'excuse' is the right term. Looking at the interventions made by professionals, including myself, I consider that the term 'forced explanations' is more appropriate. Karin and Anna especially had to justify everything that had happened in the past, sometimes in the finest detail.

The idea of the family story as a parade or Tamara (Bojé, 2001(a)) is appropriate and useful because it reflects the way in which the angle from which the story is viewed determines what is heard or listened to or listened for. Some parts of text can be applied in various ways, depending on the view taken. For example, the section 205-217 can be regarded as a justification for saying Anna controlled the story. Alternatively, one can see it as an indication of how she supported Cheryl. Yet another angle could show how Cheryl was now closer to her mother and sensitive to please her grandmother. These pieces of text, interpreted in more than one way, seem to be pivotal and may help with understanding how the various stories fit together. This can be explored in further research to help understand the concept of intertextuality.

The micro narratives do not get the attention they deserve. The focus should be less on understanding the complexities of stories and more on how the various themes operate in the family. Much time is currently spent in understanding rules and strategies of how and why people act in certain ways. Although this can be useful it is not the best focus of analysis. The focus should remain on the grand and micro narratives, enabling a better understanding of the antenarrative.

In Chapter Five I suggested that to write in the third person would maintain the focus on the themes and stories. This has not worked, and it felt unconstructively depersonalised. I would concur with Speedy (2004) that writing from a distant perspective does not work.

A theme from this chapter and the previous chapter has been the role that control has played. In this analysis, monitoring also became clear as a feature. For me it is now obvious how I, as well as other professionals,

monitor what happens in the private lives of others, often not even being aware of what we are doing. I was not aware previously that we work hard on how families understand or see what is happening in their lives as a precursor to getting them to do the monitoring on our behalf.

This is strongly reminiscent of Foucault's (1991) and Donzelot's (1980) ideas of an ever-present gaze and the policing of families through welfare. I am now much more aware of our strategies of making sure families see or understand matters in the ways we want them to appreciate them.

7.4.2. The Process of data analysis

7.4.2.1. Phase One: The Pre-understanding

The inclusion of this phase needs to be reconsidered to prevent repetition. Although it does provide a solid basis for exploring the grand and micro narratives, it does not justify the time spent and the volume of work required. If the goal of the analysis is to understand how stories are told and the rules behind the telling of stories, phase one will be of value. However, the realities of practice do not provide sufficient time for this level of detail. One of the main arguments for maintaining phase one has been that it could be used to triangulate the data. In its current format, phase one cannot be used to do this, as it is not able to indicate change and merely provides a good understanding of the story itself.

Many, if not all, of the themes were repeated during the process of drawing the maps of the various nodes.

For future purposes I would suggest that only one to three of Tesch's (1990) methods of coding be used, but with the explicit purpose of aiding the maps and answering the nine questions that guide the grand narrative. By limiting this stage to the first three steps of Tesch's (1990) method, this phase will be better able to focus in the task at hand at this point, namely to sort through large volumes of data and developing an initial picture of the story.

7.4.2.2. The analysis of the grand narrative and micro narrative

Once the coding process has been completed, the following steps can be followed:

- Compile a spreadsheet with the various themes, sub-themes and leftovers. All of these have to be referenced to the transcript.
- With a pen or highlighter, underline the themes that need to be included in the various maps. Briefly indicate to what map they would go.
- Return to the original text and make sure that the themes, when referring to the original text, are placed in the correct map.
- New nodes may start to emerge in the process of developing the maps, which should be taken back to the transcripts for verification.
- The one grand narrative missed during the coding of phase one was the struggle between the professionals and the family, and how the family was monitored and controlled. This process of monitoring and control should, in my view, be central to all discussions of our work with families. This will help social workers to ensure the work they do is what Waldegrave (2003) describe a "just therapy".

- More attention needs to be paid to the difference between the grand and micro-narratives; they have to be clearly differentiated.

In session six, the family and I talked about the externalised problem – Guilt. It is difficult to decide where to place this, as it is part of the data but more suited to Phase Two, when the grand and micro narratives are discussed. If Phase One is left out in future, this will be resolved.

Some of the suggestions in the pilot study have had positive results in this analysis. The nine questions highlighted have been helpful, although further attention is still needed.

a. Maps

The maps worked well to make sense of how the various nodes interact and how the story develops. It was also helpful in its ability to direct my thought process and sorting through the various storylines. The maps alone will not provide all the information. They should only be tools to illustrate the intertextual nature of the various aspects of the story.

Microsoft Word has been used to draw the maps. This has been time-consuming, and even small changes, such as moving a box, meant having to change all linked lines and boxes, which is painstakingly slow. In future, Inspiration 7.6 software will be used. This will make the maps quicker to draw and more flexible. It is a software system developed for children and, in some cases, children can draw these maps themselves. Although I realise that some of the maps are very dense, the application of a software package such as Inspiration 7.6, will help to make the organisation and management of the maps easier. When working with families and specifically with children, the

volume of data will have to be more focussed. Not drawing separate maps of each person per theme was helpful in saving time and energy. It also helped to keep the focus on the actual themes.

To enhance the process of mapping, clearer guidelines are needed to help decide what themes are selected for mapping and what should be included in the maps. The maps can either look at the process of events and descriptive facts, such as rules for taking action, or focus on understanding what is happening to the externalised problem or other specific themes. If the goal of research is to assess change, it may be worth tracking only one, or at the most, three themes. Because they can then be explored in more detail, it should be easier to make a more informed decision on what is happening.

b. Grand and Micro narratives

There was quite a bit of overlap, or recurring topics, between the maps. For example, understanding was raised in all the maps, whilst monitoring and closeness or talking/communication were addressed in some way in numerous maps. A 'map of maps', showing how these maps intertwine or the intertextual elements between them, deserves further attention. Another aspect is the application of the arrows. As applied till now, the arrows have guided the flow between different nodes and gave the reader a perspective on the development of my understanding in the process of analysis. But using them made me realise their potential functionality. Bojé (2001a) refers to this as the process of story network analysis. He applies this in order to categorise and organise the various nodes into an abstract model. For Bojé, this process has three specific functions: Firstly, it helps to understand the complexities of

storytelling amongst groups of people. The second point is specifically important for the further development of this technique. Bojé highlights the importance of distinguishing between a taxonomic map that simply serves as an analytical tool, in essence how it has been applied in this study, and using it to trace patterns of storytelling in the Tamara, *in situ.* Thirdly, he argues that story network analysis can be the basis for building complex models with hyperlinks. As with the earlier suggestion made about Inspiration 7.6, he mentions the use of different software programmes.

The nine questions suggested in the pilot study for analysing the grand narrative provide valuable information. They specifically highlight the rules, laws, and power struggles in the family, but clearer definitions are needed for what is meant by a universal truth, principles, laws, rules, and other terms contained in the questions. At this stage, these questions are used to analyse mimesis one. If mimesis one is not done, the questions can be explored in the transcript directly and written up as such.

As part of the new narrative model (Chapter 3), the focus in narrative therapy should arguably be upon:

- the skills people bring.
- their hopes, dreams, values, and commitments.
- specific occasions when they subverted the problem.

These constituents should form part of the coding for the micro-narratives.

7.4.2.3. *Phase Three: Plot Analysis and Authorship*

The questions for exploring authorship in the current format have not produced clear enough information. The information they provide does not focus on the control of authorship. They are also cumbersome and tend to address similar aspects. The current questions will be of more value if condensed into the following questions:

- Who is responsible for the production of stories?
- Who controls the storyline and development thereof?
- Are there any hidden stories, and who controls these?
- For whose attention are stories told?
- Why are specific stories told?

7.4.2.4. *Comparison between the data of sessions One and Six*

The questions need to be more focussed and the duplication they provide have to be eliminated. The following changes are suggested:

1. *Scaling:*
   - How have the ratings given in session One (mark out of 10) changed by session Six?
2. *Grand and Micro narratives:*
   - Are the grand and micro narratives in the first session different by the sixth session?
   - How has the power distribution in the family changed?
   - Has the person (or persons) previously oppressed been able to take power back?

- Are there specific abilities that the family members have developed?
- What happened to their hopes, dreams, values, commitments, and skills?

3. *Universal Truths:*
   - Have the family members been affected by any universal truths?
   - Has this changed?
4. *Externalised Problem:*
   - What happened to the original externalised problem?
   - Have any additional problems been externalised, and what has happened to these?
5. *What changes have the family members noted?*

7.5. Conclusion

Looking back at this chapter, my first piece of learning is the value this close scrutiny of my own practice has had for me. It has become a journey of awareness of how oppressive our work can be.

The methodology feels like an approach that is developing further each time I use it. There is a need now to focus it on either understanding what happens to our practices or on the themes, or alternatively on the changes in the stories told at the first and later sessions.

The changes suggested in Chapter six were positive, but need to be developed further. If the focus is to remain on the grand and micro-narratives, the manner in which they are explored deserves further attention. In Chapter nine, I will explore the development of these changes in more detail.

This chapter has highlighted the awareness of a clear focus on control and monitoring from the professionals, the monitoring families do of themselves on our instigation, and their monitoring of us. Exploring this whole process further will be valuable in helping workers to follow a just approach.

In Chapter Eight I will look at what other researchers have done in relation to narrative research. In Chapter Nine I will combine this with the lessons from this chapter and Chapter Six as a final recommendation to the methodology.

CHAPTER EIGHT

Revisiting the methodological literature

When doing qualitative research, especially exploratory research, it is comforting and often more straightforward to first explore and then use the methodologies and designs of others. This provides a clear framework, especially for the novice researcher (Silverman, 2005). It builds on solid foundations, reminiscent of the cumulative model of inquiry popularised by Francis Bacon. The alternative would be to look at the development of knowledge as an evolutionary, trial-and-error process, as suggested by Karl Popper (Mouton, 1996).

The present study is more of a trial-and-error approach than a positivistic study, which would build on the solid foundations of others in a straightforward fashion. I am not suggesting this is in any way the basis for anything more than an evolution in my own thinking and development. This whole approach of trial and error was actually more a consequence of how the this study developed than because of any pre-existing notion of good design. As will be seen from the exploration that follows, a large body of the work in the field of narrative therapy was written after I completed my data collection in 2002 and was some way into my data analysis.

In Chapter Four, I referred to Wooley et al's (2000) exploration of process outcome research as a framework for classifying this type of research (Chapter 4, 4.5.1.). An alternative approach is Burck's (2005) suggestion that all studies can be described as either outcomes studies (does it work?),

process studies (how does it work?), studies looking at the subjective experiences and aspects of family living significant to family therapy, or studies that develop research methodologies. Wooley et al's (2000) exploration has similarities with this framework in that their first category (experimental manipulation) tries to determine if therapy works, whilst the second (change events paradigm) looks at people's experience and perceptions of therapy, and grounded theory tries to develop a theory to understand why and how things work. The present study started off aiming to conduct outcomes research but ended up trying to develop further conceptual formulations of family therapy and the fields of research and practice.

This chapter explores the work of others in narrative research and narrative family therapy in particular. This will then be compared with the antenarrative approach in order to make specific recommendations about improvements to the methodology I have used. The focus will be on the design and the theoretical arguments that have informed the process rather than on the results derived from these studies.

8.1. Ways of assessing change in family and narrative therapy

8.1.1. Outcomes-based research

8.1.1.1. Evaluating the impact of therapy

Three different approaches to deciding how change was assessed in narratives will now be explored. These approaches are as follows: significant events; changes in language and meanings; and the coherence of narrative

structure. They have been chosen because they represent the main methodological approaches to assessing change in narratives during therapy.

a) Significant events

i) Writings about significant events

For many, the most important studies are those that describe what practitioners actually do – in other words the descriptive material normally excluded from randomised control studies (McLeod, 2001). The difference between the needs of practitioners and the work done by researchers leads to what Moodley (2001) called the research-practice gap that service users are left to fall into. One way to address this gap is to look at the significant events in therapy identified either by professionals, researchers, or service users.

Stephenson, Ehmann and Lefever (1997) studied the diaries of people attending an inpatient clinic. These were daily diaries that patients were expected to keep of significant events during their stay, combined with a programme of therapy that included a narrative approach. The researchers went about coding the daily diaries in order to divide the stories into various categories. To do this, they first characterised the stories by analysing the statements in them, then evaluating these statements as they related to the person, to others, and to the treatment programme; they further explored the expressive vocabulary, using a standard computer programme. Doing this, Stephenson et al (1997) were able to show that people made predominantly negative and reactive statements about the past, but interpretive statements about the treatment programme and their future. What makes this study

valuable in relation to outcomes-based evidence is that the researchers corroborated their data with conversations with the service users personally and with reports from professionals involved, thus providing for triangulation, making their findings more robust.

A broadly similar design was used by Coulehan, Friedlander and Heatherington (1998), who asked two independent observers to identify significant events from the video recordings of sessions. This provided for an outsider or independent view of what others may have seen as significant. This design excluded those whose stories were being explored.

ii) Conversations about significant events

Lever and Gmeiner (2000) wanted to explore the reasons why families withdrew early rather than how their narratives changed. They also looked at specific events in broadly the same way as Stephenson et al's (1997) study of diaries did, by focussing on information about these events through conversations with the families. The first conversation took place after the first session and the second after families withdrew from therapy. Only one question was asked of each of the parties involved, namely what their experience was of the session or sessions. The information collated from families, therapists, and reflective teams was then compared. The most important conclusion was that a clear ethical framework is central to successful interaction with families.

b) Looking at Language and narrative

i) Changes in language and meaning

To evaluate change from a more constructionist perspective, the contradictions between the first and later sessions can be explored by looking at the language used and how meaning was constructed. To do this, Burck (2005) looked at vignettes from different sessions and selected these on the basis of their significance. These provided a way of comparing changes in language and the meaning people held between the first and last sessions. This approach bears certain resemblances to what I have done, but rather than searching for contradictions in language, I tried to build this into the antenarrative design by looking for the micro narratives and how they contrasted with the grand narratives, moving the focus from language to stories. I also looked at the whole text and not just vignettes selected for a specific purpose. This steered away from the danger of decontextualising the experiences about which the people spoke. Burck (2005) asked of the data what the specific discourse achieves in order to compare the responses in the first and later sessions. This is broadly aimed at the same goal as asking the question proposed in Chapter Five, namely why certain stories are being told.

ii) Exploring coherence and narrative structure in stories families told

It can be argued that the task of therapy is to improve the coherence of people's self-narrative (Androutsopoulou, et al., 2004). If this is so, then change after or during therapy might be linked to changes in the coherence of

narratives and the way they structure their experiences. Increased self-narrative coherence then indicates positive change because it shows an improvement in communication with, and closeness to, others.

As with Bojé's (2001(a)) concept of a Tamara, Androutsopoulou et al (2004) proposed that different stories are being told simultaneously and regarded it as important to consider all of them and to aim at the coherence between them. One of the problems has been that there is no theory to address the problem of illustrating coherence between these various stories. To deal with this they tried to translate what they saw in practice regarding the more coherent stories into a set of coding criteria. These were comprehensibility (split into two criteria: acknowledging or explaining contradictions) and evoking empathy (split into acknowledging or responding to the needs of the audience and being in touch with emotions). Although their research was not an outcomes-based study, they suggested that people in the latter part of therapy had more coherent narratives, thus supporting the notion that narrative therapy is an effective alternative.

I find the argument of looking at coherence between narratives appealing, but struggle to understand how coherence between the various narratives can illustrate how communication and closeness have changed. That these merely lack coherence could indicate a willingness to stand up against the grand narratives society imposes. Like Bojé (2001(a)), Androutsopoulou et al (2004) supported the need to track changes in stories and how they interact. Mapping the micro and grand narratives or using story network analysis as suggested by Bojé might provide a clearer picture of how

stories interact and change. This steers clear of imposing a coding structure on stories.

Muntigl (2004) explored the ways in which the narrative therapy process facilitates change by looking at how people develop meaning potential through language, which is reminiscent of Androutsopoulou et al's (2004) study. Muntigl's study is perhaps the closest in its design and approach to mine. It was unique in that it worked from the premise that in order to understand how new meanings or thick descriptions are developed we must first have a method of describing what meanings service users and therapists originally had and how these changed after therapy. To do this, Muntigl (2004) explored the meaning-making systems or linguistic constructs by comparing these at the start and after six sessions. There are specific aspects of particular value in this study. The first is his ability to consider how therapy has affected change in the language used. Second, he was able to track this through the therapeutic process. The third was his ability to explore the impact of Bruner's (1986) concept of scaffolding. Fourth, he made clear the role of the therapist in providing the service user with this scaffold. Finally, he looked at the zone of proximinal development. For me this study stood out as one of the few able to incorporate the ideas of narrative therapy and, at the same time, stay true to its philosophical framework.

Muntigl (2004) identified three stages in the change of development in what he referred to as the *client ontogenesis*. The first is a beginning semiotic repertoire, in which people tell their stories and represent their problems to the therapist, often in the form of worst-case scenarios. The second is the transitional semiotic repertoire, representing a shift in the meaning potential

and even the introduction of new meanings when talking about the problem. As soon as this has happened, the zone of proximinal development has shifted. This is also the point at which the problem is normally externalised. The last phase is the development of a new semiotic repertoire. Here, service users are able to use their new repertoire of linguistic resources, and new meanings can be created.

Etchison and Kleist (2000) argued that change occurs because people explore how language is used to construct and maintain problems. These experiences are collapsed into narrative structures or stories that provide a frame of reference for understanding our experiences. For Etchison and Kleist (2000) problems can only be understood by exploring the impact of those aspects that maintain and sustain them. But this focus on language is also for them one of the reasons why there is a lack of research studies on the outcome of narrative therapy, and their reasons concur largely with those discussed at the start of Chapter Four in this thesis, namely that research such as this, located to a large extent in the realm of linguistic structures, is not easily subject to scientific experimentation. The other element for Etchison and Kleist (2000), lacking in many designs, is the need to take the social context of families into consideration. This entails looking at the social, political and cultural context, similar to Waldegrave's suggestions (1990), discussed in Chapters Two and Three. These two issues, namely changes in the language and the socio-political context, are close to what has been highlighted throughout the present study.

c) Looking at the impact of therapy

For practitioners in the field the impact they have and how change is achieved are perhaps the most important points (McLeod, 2001). To understand this, Duvall, King, Mishna and Chambon (2006) explored the therapeutic process and its outcome by acting as participant observers in a clinical training programme, working from an anthropological and naturalistic perspective, including sessions with families, group supervision, and debriefings.

In contrast to the other studies that almost invariably audio- or video-recorded the sessions, Duvall et al (2006) made field notes and asked members of the reflective teams to keep a group journal which reflected upon key learning moments. This gave them a picture of the understanding of narrative therapy that the participants (trainee therapists) gathered from the narrative process. Another example of this exploration of the therapeutic approach is Roy-Chowdhury's (2003) analysis of identifying the active ingredients of what worked by looking at the things therapists do, along with their theoretical premises associated with power, religion, gender, and the application of the theoretical model. The transcripts of sessions were analysed using discourse analysis. This allowed the researchers to scrutinise the theory applied by the therapists and the impact this had on the work they did. This framework could possibly provide important information to allow for a form of theory testing.

For therapy to be effective, it has to incorporate three elements. These are a process (statement of the problem, identifying potential, and a resolution or summary), a function (providing a safe haven for the telling of stories and

within this to search for and generate meaning), and a purpose (clearing a space that provides for the development of new ideas and incremental changes) (Duvall, et al, 2006). This typology provides a clear framework for reflecting what is happening during practice and the likelihood for change.

8.1.2. Exploring what therapists do

Some previous studies have focussed on the elements in narrative therapy that make a difference and not on the outcome of the therapy in particular. One of the major differences here was that these studies rarely made any comparison between the first and later sessions.

a) Self-reflexivity

In family therapy, stories are co-constructed in our conversations. Understanding this is important for a more complete idea of what is happening in our encounters with people (Brown, et al., 1996). To explore this co-construction from the social workers' perspective, Burck (2005) suggested that instead of asking families all the questions about their stories, it might be productive to ask reflective questions of the researcher or therapist. This provides a different but important picture because it explores the notion that the questions we ask in therapy are not only about exploring a story that already exists, but also contribute to the construction of a new story. This might best be facilitated if an independent person asks questions of the therapist. The therapist's motives for asking specific questions during the first and later interviews can then be compared. I would agree with Burck (2005) that this approach would be likely to reveal more about the values of the

therapist than it does about what is happening in therapy. It could also help us to understand how as professionals we construct stories about what is wrong with others, without involving them in our construction of their stories (Brown, et al, 1996).

8.1.3. Service users' experience

The impact of what we do is central for us as practitioners, but the experience other people have of the work we do is also central to its outcomes. One way of evaluating this is by using an ethnographic design to explore the meaning service users attach to sessions. O'Connor, Meakes, Pickering and Schuman's (1997) motivation for using an ethnographic design was in certain ways similar to mine for using the antenarrative approach. They asserted that there were very clear links between ethnographic research and narrative therapy in relation to practice and process. Their chosen design offered the opportunity to access complex nuances experienced in therapy.

O'Connor et al (1997) conducted interviews in accordance with important stages in narrative therapy. These were externalisation, deconstruction, and following the consultation with the reflective teams. Perhaps more important is that the participants interviewed were not regarded as subjects but as participants in the research process. Participants were asked a series of semi-structured questions after the sessions. These were:

- *What has been helpful in therapy?*
- *What has not been helpful in therapy?*
- *What is your overall experience of narrative therapy?*

- *What is an image or symbol to describe your experience of narrative therapy?* (O'Connor, et al, 1997:483)

These four questions could be of value not only for research purposes, but to enhance reflection for therapists, so as to develop their skills from the feedback. Like Duvall, et al (2006) and Muntigl (2004), O'Connor et al (1997) regarded the principles of narrative therapy as important in choosing a design.

The difference between my study and that of O'Connor et al (1997) is that theirs was not done in a naturalistic setting. Social workers rarely work in a clinical setting and most of our work is done in families' homes, a major motivation for my decision to conduct research in such settings. A second difference is in the chosen method of analysis. The conversations to collect data took place after the therapeutic interviews. This most probably had the same reinforcing effect, discussed in Chapter Four, as not choosing IPR or TICAS questionnaires.

The last method for evaluating people's experiences is narrative analysis that pays attention to the individuals and the stories they tell. These stories are seen as constructions both of who we are and of our identity. There are certain aspects to this approach which are important for this discussion (Burck, 2005). The first is that narrative analysis can help to examine how people *emplot* their own stories to create meaning and understanding. Using this approach, specific core aspects of the story can be closely scrutinised in much the same way as the conversations concerning significant events discussed earlier. In contrast to discourse analysis, the whole interview or transcript is analysed and no selection is made, ensuring a more inclusive understanding of the text. Burck (2005) suggested that we do

the transcription of interviews in the form of poetics to enable a focus on the central metaphor.

This idea is supported by Speedy (2005) who feels that a poetic approach to writing up the interviews helps us to listen to them in a different way. For her, one of the main advantages is that they open up a different way for service users to ponder on the 'sparkling' moments, but perhaps more importantly, it is a less formal way of writing up what has been said. For research purposes, this is a very interesting challenge and one I feel deserves further attention, since in Speedy's (2005) view, this allows people to be the co-researchers of their lives in a very different way because they take a more anthropological view, able to make what is familiar and mundane, unfamiliar and interesting. Personally, I imagine this approach would force me to focus on the essence of what has been said. It is though a personal challenge, because some of the families I have worked with a social worker, have been illiterate and I need to ensure that using poetics is not seen by them as a "middle-class" idea. On the other hand, this perception, it could be argued, shows more about my stereotypes and my own unfamiliarity with poetry.

8.2. Developing Methodology

The discussion until now has focused largely on methodological and theoretical concerns. As was clear from the outset of this study, the work done by the Dulwich Centre in Australia (David Epston, Michael White, Shona Russell, and Maggie Cary, amongst others) and the Lower Hutt group in New Zealand (Charles Waldegrave, Kiwi Tamasese, Flora Tuhuka and Warihi Campbell) have had a strong influence on my thinking. For this reason it is

essential to compare what they, and others in agreement with them, have suggested with what has been discussed in this chapter specifically and in this study more generally.

8.2.1. The Research Endeavour

One of the strikingly different features of the Dulwich Centre's (2004) approach to research is how the whole research endeavour has been changed to be both ethically and politically more accountable. Their approach was largely influenced by changes in the field of anthropological research and the idea that it is impossible for people to study the lives of others objectively. This and their emphasis on social justice open up new possibilities for research.

Methodologically, they work from an ethnomethodological position which is slightly different from the conventional ideas of this approach. Here, people are invited to study their own lives and stories instead of being studied by outsiders. The scope is wider than merely what happens in therapy (a micro view), opening to a broader perspective. The current methods and maps that form the basic structure in narrative therapy (discussed in Chapter Three) are used (Redstone, 2004; Gaddis, 2004).

This ethical stance to research needs to be reflected in our choice of co-researchers. One possibility is to select a club-of-life of co-researchers who share in the idea that all research has to be both ethical and political (Crocket, 2004). These authors argue that all steps in the research process, from selecting a site, naming the purpose of the inquiry, drawing up the design, and writing the final report should be both ethical and moral. The co-researchers

or members of the club of life we select could share our commitments. We should scrutinise our research to ensure we do not colonise the stories people tell us. In other words, we should not collect stories and write our research reports and then simply disappear after people have served our needs as researchers.

Those consulting us might actively be encouraged to be co-researchers and co-constructers of the stories that research tells (Speedy, 2004). If the participants are truly co-researchers, they could possibly be involved not only as sources of the stories, but also throughout the research process, taking the lead in analysing the data and accompanying us to the end of the research journey (Tootell, 2004). To achieve this, the researchers have to become decentred and base their approach on a model of equity, seeking to document the local skills and knowledge so often missed. It is not about obtaining knowledge for the sake of knowledge, but rather to thicken people's life stories, in other words, to gain a more inclusive picture of the different stories, as part of therapy.

The goal of research conversations with participants is to explore a non-structuralist or thick description of their lives, exploring the hopes, values, and skills they bring to therapy and how they were able to construct new stories. The focus is on the values people hold and how these are respected. For a complete discussion of the questions she used in these interviews, see Redstone (2004: 57-62). However, the construction of these questions means they would be of little value to assess change.

In writing up our research the aim should be to promote actively people's experience of therapy and not simply our professional viewpoints.

For Gaddis (2004), one of the mistakes we make both as researchers and as therapists is to be led by professional and overly theoretical ideas about how to guide and understand others, whilst missing the particularities of peoples' life stories and their contexts. Researchers need to move away from any framework, such as ethnographic, quantitative, or qualitative methods.

White (1995) went even further:

> "Those people who are practising therapy, along with persons who seek therapy, are the primary or basic researchers, and those people who collect data in a more formal way are the secondary or supportive researchers. I've always been interested in primary research and find the continual demand from secondary researchers that primary researchers justify their existence to be quite tedious. If secondary researchers in our field could go further in relinquishing the moral high ground, and in revisioning research along the lines of recent developments in ethnomethodology – which includes the rendering transparent of the socially-constructed nature of their enterprise -- then what secondary researchers do might become more relevant to what primary researchers do." (White, 1995: 78)

For him the role of the primary researchers, namely the family and the therapist in the first instance, is central. Research should start with what is relevant for them.

Grand narratives or master narratives present themselves as the only truth about the world because they hold a standard according to which individual narratives have to measure themselves. These master or grand narratives provide the backdrop for how people define or story themselves. Only if someone disagrees with the master narrative is there a need to justify the difference from it (Bamberg & Andrews, 2004). These times of resistance against the grand narratives could be explored as indicators of strength and ability. To do this, Talbot, Bibice, Bokhour and Bamberg (1996) suggested that we ask three questions of data, and of studies such as the current one in particular. These are, what is the source of identity claims that resist dominant

discourses and how can we recognise these in the personal accounts, and how do people use these counter claims? These questions might produce a clearer picture of the micro narratives.

The role of expert and observer has also been explored. The tables are now turned and the gaze is towards those in control by empowering the service users to research clinicians/social workers and their positions of power. Professionals are now the ones being observed. Denborough (2004) mentioned the example of politicians and policy-makers who were invited to listen to the stories told by people living in poverty and then asked to act as a reflective team or outsider witnesses. This turned the people living in the situations into those who had the expert knowledge rather than of being those being studied, supposedly objectively, by outsiders. The policy formulators and politicians were there to learn no longer to make recommendations about lives they did not understand. This reversal is best illustrated in these words:

> "Indigenous researchers are also very successful turning the gaze back onto the dominant culture. This is a deliberate strategy which is redressing the long history of colonialising groups using research to define, specify and disempower marginalised communities. At the same time this research into the dominant culture is providing greater information about the operations of power that maintains privilege." (Denborough, 2004: 34-35)

Thinking about how we could approach those we are doing research about can be turned into a mindset in which we should think about how those same people can research our practices in their lives and about what we can learn from them (O'Neill, 2004).

In seeking to achieve such a mindset, Epston (2001) promoted the idea of ethnographic imagination. In a typical anthropological approach to ethnography, the researchers attempt to stand in the shoes of those they

study, or work from the viewpoint that they need to have a specific minimum knowledge about the subjects to do research. Epston (2001) suggested a position of informed not-knowing. When we start exploring the lives of those who come to consult us, we have to seek a version of how they live their own lives not based on our assumptions. The questions we ask are deliberately leading and directional but are geared towards trying to co-research with the coping skills people already have (Epston, 2001). This is reminiscent of the questions in notions of scaffolding and unique moments (White, 2003).

These authors suggest that the focus of research should never be on the persons or families. It should be on the problem or, specifically, the externalised problem. To achieve this, Epston (2001) suggests that research needs to have four specific areas of attention. These are the possible solutions to the problems or knowledge that families already face, their strategies for dealing with the problems, their specific problem-solving skills, and the strategies the problems use. This focus could perhaps be achieved by employing Denborough's (2004) suggested framework for questions, namely:

1. The knowledge base people have.
2. The specific skills people bring to the session.
3. Possible solutions they already have to the problem.
4. The strategies that the problem uses.

At this stage, it is only the strategies that the problem uses that I address.

In narrative therapy, the people who consult us should be the primary researchers to prevent research from being a disempowering process. The focus of research might be to explore the stories of hope and success often

missed (Ingram & Perlesz, 2004). Those who consult us could be the ones who write the stories or are actively involved in writing them. Ingram and Perlesz (2004) suggested one of three possibilities. The first is that the therapist writes the stories, gives them to the family to edit, and makes corrections as the family sees fit (as was the initial intention with this study). The second is that the family is given the notes of all the sessions and asked to select specific events and write the story in the way they see it. The last is that the family, with the therapist, writes the stories, but that the stories are written anonymously. This anonymity has specific advantages for therapy. Because the letters are anonymous, the authors are able to reflect on their own stories in a significantly different way and for the first time develop sympathy for themselves, especially in cases of domestic violence.

What is striking about the way people constructed their stories in Ingram's and Perlesz's research is what they chose to include in the accounts and the way in which they chose to tell their stories. Ingram and Perlesz (2004) remarked that all the families wanted to tell their whole story first to provide a context before going on to tell the stories of hope and success. They mentioned that families felt compelled to tell the whole story first. This provides a challenge to solution-focussed therapy that does not regard talking about the past as important.

8.2.2. A more ethical stance to exploring narrative therapy

In the discussion thus far, there has been an important difference in emphasis between the approaches suggested by the Dulwich Centre and those of other researchers.

Most of the studies discussed have shifted the focus away from an empirical view to one in which the focus is on the way people experience the conversations we have with them and how they construct meaning. The gaze of observation is turned the other way, and service users are not only co-researchers, they are studying what the professionals are doing. Ethics itself is also taken apart and reconstructed. Arguably, research should not simply be for the purposes of research, but could be a tool in the therapeutic process. It should reside with and be controlled by those involved in the therapy process, what White (2000) referred to as first-order researchers. This participation and even personal experience is highlighted by Hiles (2002; 2004), who used his own experiences as a source of data. Although I would like to argue that I conducted this study partially as a first-order researcher (working as a practitioner-researcher), the mere fact that it was done as part of a degree programme implies that the research endeavour had an important function to fulfil outside of the therapeutic process. I am writing this research for an academic audience, which is by definition exclusive, in the first instance. Even for training purposes, many of the discussions here would be superfluous. Although the process has led to a growth in my personal understanding and awareness of the way in which I conduct narrative therapy, this study is not written in the first instance for practice.

8.2.3. Design and implementation

Like other authors, I have found it difficult to locate any quantitative studies on narrative therapy. For a more complete review of the literature

focussing on the various studies and designs, see O'Connor, Davis, Meakes, Pickering and Schuman (2004).

To avoid psychotechnology, in other words measuring and coding the interviews, we can ask questions of the data. Examples of this are O'Connor, et al's (1997) study of the effectiveness of narrative interventions. O'Connor et al were closer to getting a thick description of people's life stories without sanitising or coding the data (Fraser, 2004), and allowing it to be presented as tentative, circular, and having multiple meanings. My experience has been that when I try to answer questions instead of writing to bullet points or completing a forced-choice tick-box questionnaire, I am forced to consider carefully the answers to the questions, even if I have formulated the questions myself. I find that such questions provide a much richer source of data.

a) Size of the sample

The size of the sample in the different studies was largely determined by two factors. These are the method of data analysis chosen and the approach to the data itself. If the data were to be scrutinised line by line, the samples tended to be relatively small. If it was collected by asking questions after the interview using a standard questionnaire, there were more participants. The same trend applies to studies that make use of vignettes or significant events from the interviews, as distinct from those that use whole interviews. For example, Roy-Chowdhury (2003) looked at the work of only three therapists using transcripts of sessions and explored these using discourse analysis. Avdi (2005) looked at only one family over 12 sessions,

also using discourse analysis. As in the case of the study by Roy-Chowdhury, Avdi focussed on a selection of significant events and not the whole session.

Lever and Gmeiner (2000) explored the reasons why families withdrew early, and, using only two families, taped, transcribed, and then coded sessions using Tesch's (1998) method of analysis. This approach to data analysis provides a clear structure for coding interviews by coding the text in a process of searching for underlying meanings. For a further discussion and how this was applied in this study, see Chapter Five, (Section 5.2.3.1. The Pre- understanding). In its general design, there are clear similarities between their study and mine. Both use only two families and make use of Tesch's method of analysis.

Lever and Gmeiner (2000) focussed on specific events in broadly the same way as Stephenson et al (1997) did in their study of diaries, and obtained information about significant events diarised by participants through conversations with the families. The first interview took place after the first session and the second after families withdrew from therapy. Only one question was asked from each of the parties involved, namely what their experience was of the session or sessions. The information collated from families, therapists, and reflective teams was then compared.

These two studies have specific parallels with mine. Like mine, both made use of a markedly small sample (two) and explored the data obtained in detail. Lever and Gmeiner and I both used Tesch's approach to analysing data, although they used all eight steps while I only use the first four stages Tesch suggested. The reason for this difference is that I did not intend to formulate any theories from the themes identified.

b) Method of data collection and analysis

Two main methods of collecting data were used. The first involved video-recording sessions and then transcribing them, in the manner of Roy-Chowdhury (2003), Avdi (2005), Muntigl (2004), and others, much the same as I have done.

The second is exemplified by Stephenson et al's (1997) decision to study diaries that people kept. These do not have to be limited to the diaries kept or notes written by service users, but can also include the social workers' and outsider witnesses' written accounts. For social workers in practice, it would be more appropriate to use their process notes for this purpose. In the past, I have asked service users to produce the process notes of sessions instead of my keeping a record. They then provided me with a copy to place in the file. In retrospect, this proved to be a rich source of data.

Central to narrative therapy are stories, metaphors, meanings, and representations which can also be the focus of a discourse analysis (Burck, 2005) that has its focus on language, fitting in well with the concepts of dominant and subjugated knowledge which are central to narrative therapy (White & Epston, 1990).

A number of the studies made use of either structured or semi-structured interviews after sessions (O'Connor et al, 1997; Lever & Gmeiner, 2000; Stephenson et al, 1997, amongst others). The problem with these studies is that this approach influences the outcome of therapy. This was my main motivation for not using this approach.

Two different considerations need to be applied to this argument, however. The first is that this approach can lead to a situation in which interviewers mine or delve for data or place people under cross-examination to find the information they are hoping to obtain (Fraser, 2004). This produces not a co-construction of a new life story, but the construction of a story that suits the researcher. The alternative argument might critique my approach for not using interviews because they can enhance the outcome of therapy. However, doing so would be to put the needs of the research before those of the service users. In retrospect, I consider now that, knowing interviews could have enhanced the outcome of the research, I should have specifically designed my research around them as something positive. One way might be to use reflective teams as part of the research process (Coulehan, Friendlander & Heatherington, 1998; Lever & Gmeiner, 2000) or simply to construct questionnaires that highlight the thick descriptions. This can then become part of the outsider witness process.

8.3. Conclusion

The discussion in this chapter is not intended to be a complete representation of the literature, but of the elements important for consideration in this study. The main points from this consideration of the literature are summarised below.

This chapter illustrates the complexity involved in assessing the outcome of narrative therapy (8.1.1.1., Evaluating the impact of therapy), both from a research- and ethical perspective. The discussion of significant events and writing about these (8.1.1.1. Evaluating the impact of therapy: a)

Significant events), illustrates the danger of making people responsible to police their own stories, as highlighted in Chapter Two (2.1. Policy and Social Context). The importance of our ethical stance in research again became apparent in the discussions of Service users' experience (8.1.2.) and the Research Endeavour (8.2.1.). These emphasise the need for service users to have the opportunity to actively participate in the research process, if they so choose, but also to utilise the research process as part of the therapeutic process.

A further implication of this approach is that research should not be based on purely academic arguments, or conducted for the sake of research, but could focus on the skills people bring to conversations and their hopes, dreams, and values. The reason for asking questions should be to explore the skills and expertise people bring to conversations. This can be done by focusing on the metaphorical landscape of action, identity, praxis, and the thick description of participants' lives. The process can be facilitated through attention to the framework of scaffolding within which participants' lives are enacted, and by means of soliciting the accounts of outsider witnesses.

The Antenarrative approach suggested in this thesis could possibly, provide a framework to address the above mentioned needs. It could give first order researchers in particular, a structure to focus on a thick description, which is more than merely counting behaviour as a way to illustrate change. This antenarrative approach does not focus on singular words or phrases, but looks at the story in its entirety.

The lessons learnt from this review and the reflections from this on the antenarrative methodology and its implementation in Chapters Six and Seven will now be included in the recommendations to follow in Chapter Nine.

Chapter 9

Refining the antenarrative approach.

Introduction:

This chapter considers the implications of the lessons from Chapters Four to Eight on the antenarrative approach to working with the stories families tell.

This study helped to shift my focus from purely looking at a system of coding the stories and looking for shared themes, to one in which stories, and specifically the little stories behind what is propagated about families became the focus. This gave a unique view that would not have been seen had more conventional methods been used. In contrast to other approaches, the focus was not only on what can be deduced from codes or sets of themes. The focus was on the stories themselves as separate entities and how they interact. It enabled me to recognise that more than one story exists and to understand better how these stories interact. This moved away from simply counting behaviour to looking at how stories have changed and how the construction of stories changes.

Developing the maps drew attention to a number of issues that, although not the focus of this study, are worth exploring further (see Chapter 7, 7.4.2.2. The analysis of the grand narrative and micro narrative). The first point raised was that many of the critical points in different nodes were linked to the same points in the conversation. An example of this is the importance of understanding in the different maps in Chapter 7, Family B. Developing these

maps could provide a better understanding of the complexities of storytelling in families and provide for what Bojé (2001a) refers to as the ability to track storytelling within a Tamara.

9.1. Theoretical Contributions the study of family stories

The goal of this study was not to explore the construction or development of stories, but after looking at the stories told by the two families, how those stories changed, and the information obtained from the literature, it is difficult to ignore specific observations that presented themselves. In this section I want to explore the theoretical observations and contributions made by this thesis to the study of family stories in terms of understanding them, and in terms of research, teaching, and reflective social-work practice.

9.1.1. The construction of stories

The studies explored in Chapter Eight, relating to the study of significant events and conversations about these events (Stephenson, et al, 1997; Coulehan, et al, 1998; Lever & Gmeiner, 2000), to the understanding of change through language (Burck, 2005), to changes in the coherence between stories (Androutsopoulou et al, 2004), and Mintigl's (2004) study of how narrative therapy helps people to develop different meanings, jointly suggest a process of meaning and story-making for me. Here I want to reflect on my understanding of and learning from, this process and on observations from the analysis in this thesis.

The first reflection is that stories develop in a linguistic structure. At its root (the micro level) lie the individual words that comprise language. These

are used to express the meanings we hold. The second is at a meso-level, where we start to bring different meanings or themes together to construct individual stories. In narrative therapy, stories are seen as events, linked in sequence across time according to a plot or theme. After listening to the stories told here, I consider that the events selected form one centrally important part of how stories are formed. Stories are also about the meaning-and understanding-making process, which guides the selection of the specific events from the past to illustrate the storyline being created. Looking at the stories of these two families, I consider that the meanings and understandings which guide the selection of events deserve further attention because of their centrality in what story is eventually being told. At this point in time, I do not understand how or why people select these events. I could also not locate any literature explaining this process.

These stories do not develop in isolation, but are formed and take shape whilst interacting with other stories and other people's stories, as suggested by Waldegrave et al (2003), who referred to *webs of meaning*. These webs of meaning have two inherent implications. The first is that at a meaning and story level there is an interweaving of different meanings that together create the stories we observe. The second, as indicated in Chapter 6, is that often one event could be used to illustrate different things, simply by changing the meaning attached to it or by changing the angle from which one looks at it. Those events that were interpreted for more than one map were always central to the construction of the overall story. This is reminiscent of Bojé's concept of a carnival or Tamara, in that what one sees and hears depends on the position from which one is looking.

For the third point I take the metaphor of Waldegrave et al's (2003) web of meaning, or woven mat, a bit further. The mat that has been woven is a selection of different events which consist not only of specific events, but also the meanings and understandings associated with them. Once these mats start taking shape, they are influenced by the meanings imposed on them by society. It is as if each mat has to match the colour scheme of where it is to be used. If this is different because a particular family's views on gender, disability, race, religion, sexuality, or mental health are not the same as the community's it stands out.

There is, however, another process being played out. New patterns can be printed on these mats. Professionals and society as a whole impose colour schemes (meanings and understandings) on the various fibres in each mat to get it to match their colour scheme of how, in their view, society should look. Thinking about the role social workers play, particularly in Child Protection Teams, understanding the use of language to construct meanings or enforce meanings on others should be central to our research efforts.

Looking at it in this way allows for incorporating the idea of grand and micro narratives. The stories we prefer to tell, or those that are told about us, are expected to comply with the grand narratives imposed from the macro structure. Society has particular ideas about what it is to be of a specific gender, what is acceptable in relationships, and what a family should look like. If our stories are not in harmony with these, we feel discomfort because it would suggest that our values, dreams, and hopes for the future are not going to be fulfilled. The way Emma's family felt uncomfortable with her diagnosis of

schizophrenia illustrated this. Even after the diagnosis they did not want her to associate with others sharing this label.

9.1.2. Tracking what happens in stories

Androutsopoulou et al (2004) and Bojé (2001a) highlighted the need to track problems and stories. Muntigl (2004) and Etchison and Kleist (2000) identified the need to be able to track meaning-making processes by exploring their development through language.

Androutsopoulou et al (2004) also suggested that an improvement in the narratives of families takes place towards the end of narrative therapy, and that this positive change is achieved by promoting self-narrative coherence. They argue that to illustrate this change in self-narratives it is important to be able to track specific stories to see if the coherence has changed. Although I have argued in Chapter Eight that incoherence between the self-narrative and narratives from others can be an indication of people taking a stand and finding their own voices, I agree with Androutsopoulou et al's emphasis on the necessity to be able to track what happens to stories.

In Phase Two, the grand and micro- narratives with its maps, we are able to track what happens to stories, and in stories, and how they affect different people. This allows for an exploration of each story in its own right, or it can be used to look at how each of the themes in the story affect individual family members, as we saw in Chapter Six through the tracking of the actions and strategies of control and anxiety in Adam's and Emma's lives. This ability might enable the antenarrative approach to address the concerns, raised by Speedy (2004), that for a methodology to be effective it needs to be able to

track the hidden stories or the stories ignored by the formal research process. These hidden stories should be represented in the micro narratives.

This study was able to show what the strategies were that the problems used to keep themselves alive. For example, in Chapter Seven, Abuse made use of Secrets to keep itself alive; it allowed thinking about the abuse but prevented talking, and it used denial and doubt to maintain the ruse. If the premise is accepted that stories are constructed through meanings, then by tracking the stories we implicitly also track the meanings. In light of Etchison and Kleist's (2000) comments that problems can only be truly understood by exploring the impact of those of their aspects that maintain them, the methodology developed here can be particularly relevant, as the impact and consequences are clear. For example, in Chapter Seven, Session Two, Map 3, Control (Family B), the indicators of taking and giving control and its consequences are visible and easy to follow. In practice, it would be helpful if families were able to monitor how many of the actions they have seen in terms of taking control in the time between sessions. For example, in the case of family B, what would they do if the grandfather called again; how have they developed the understanding that the other family members have of the abuse or how they have given control to Cheryl by perhaps showing positives or seeking her views. From past experience with genograms and echograms with families I know that these visual representations can be very helpful. I would like to explore the use of these as a tool during therapy.

9.1.3. Changing stories

To establish change, the whole structure of the specific therapeutic approach used needs to be considered. Narrative therapy's framework for exploring stories lies in the maps discussed in Chapter Three. One particular concept that needs attention is that a clear distinction should be made between the various stories told about us. We need to understand that the dominant or problem-oriented story is not the only possible story. Once the problem-oriented story has been identified, we have to understand how it operates and creates meaning in our lives. Scaffolding provides the place for us to explore the meanings we hold, and where we are able to subvert problem-oriented stories. It also points to skills we have that might previously have been ignored. Outsider witnesses provide the framework to look at our stories, how they are interwoven with those of others, and how others understand our stories. This narrative model does not provide information about the change process itself.

In chapter 8 reference was made to Muntigl's (2004) three stages of client ontogenesis and how these stages can indicate the process of change (beginning semiotic repertoire, transitional repertoire and the new semiotic repertoire). These stages coincide with the observations I made earlier about the formation of stories. This study sheds some light on the first and last stage by looking at the beginning and later semiotic repertoire, but it cannot comment on the second because of the nature of the single systems design . To understand the whole process properly, all the sessions need to be scrutinised, not just sessions one and six.

The emphasis on language and how it is used in understanding meaning within narrative therapy is open for further research. This focus can provide a better understanding of how families and social workers interact to construct reality jointly and how they use language in achieving this. In my study, the construction of meaning was important, and it did not explore in detail how language was used in achieving this. The focus was on the whole story.

9.1.4. Contextual setting of the data

Some studies, such as Burck (2005) and Stephenson et al (1997), selected specific vignettes of significant events from therapy sessions. This can lead to the data being decontextualised and to the focus on the whole picture being lost. The antenarrative method proposed here looks at the whole text as well as the broader social aspects of the discourse. This forms part of a specific story, in contrast to, for example, Burck (2005), who tried to determine what each specific, single piece of discourse is trying to achieve.

There is definitely room to explore some parts of the text in detail, but for the purposes of determining whether the story of the family has changed, I would argue that the focus on the broader aspects has to be included, as this shows how people interact with meanings imposed on them.

9.1.5. Policing families

Speedy (2004) pointed to the importance of being transparent with those who consult us. Along with the idea that we have an influence on how stories are constructed, service users need to be able to question us on our

understanding of their stories, or perhaps be present when we are questioned about these. This will help to reverse the process of policing the welfare of others, opening us up to the scrutiny of service users. The ideal place to do this is during the outsider witness practices, which I will explore in 9.2.3 (service user involvement). The idea of providing families with the ability to research actively what professionals are doing in their lives is appealing this will turn the tables and the gaze towards those in control by empowering the service users.

The whole way in which social workers, myself in this case, conduct ourselves became more apparent to me via the antenarrative approach. The clearest example of this is the second family, with whom, as the data analysis developed, the issues of control and later monitoring became obvious. When families asked for help, the responsibility was placed on them to meet the requirements set. The help they asked for was made their responsibility. Families were encouraged to monitor their own progress and report back on this. This is in harmony with Donzelot's and Foucault's idea of policing families and the ever-present gaze. However, families in practice often rebel against this monitoring or refuse to take on the responsibility. The manner in which families manage this and the micro-narratives within which this rebellion against the dominant narratives takes place need to be explored in further research because these micro-narratives may provide details of how families have been able to empower themselves which, in turn, could suggest a framework for critical social work practice.

This opens up room for further exploration of this process of policing and forced compliance. On a personal level, it made me realise that, although

I thought that as a social worker I was aware of issues of discrimination, I am not as aware of this as I should be, and this has a direct bearing on my work. My initial attempts at using other approaches, such as the questionnaires or grounded theory, did not achieve this awareness.

9.1.6. Being a first order researcher

This study gave me the opportunity to put my own practices under the spotlight in a way that we do not always achieve. It has been an eye-opener to reflect on what I do both as a social worker and as an apprentice researcher.

Looking back, one issue I have come to recognise is how different the narrative approach suggested in Chapter Two is from the approach suggested in Chapter Three. Fortunately, the focus of this study is not on my abilities as a therapist but rather on the ability of the methodology to assess change in the stories.

I can only agree with White's (1995) opinion that research has to be done by those involved in the process of doing the work and that as co-constructors, or people with much influence in the construction of others' life stories, we should be part of the primary team of researchers, along with the service users. To be more user-friendly, specifically for service users, this design will have to be much more focussed and less time-consuming.

At the start of this study, I worked from the perspective of trying to be neutral, realising it was not possible, but striving to be as neutral as possible in how I wrote about the research, preferring to refer to myself as "the researcher." With the first family (Chapter Five), I tried to ensure that the story and not the people would be the focus, and in doing so tried not to refer to the

people in that story at all. On reflection, I realise I was trying to render myself invisible, and, as Brown et al (1996) argued, write as if from nowhere, with no voice, gender, race, class, or religion. In retrospect, one of the ways in which this study could be improved would be to reflect on how the stories of the different families have affected me personally. Looking at the professional language used in this thesis, there is still a sense of certainty in what is said, terms such as data analysis, triangulation, validity and evaluation. On reflection, there is a need to reflect the uncertainty I experienced with terms such as *might be, for now, could be,* etc. This will also be closer to a poststructuralist, feminist world view.

9.1.7. Naturalistic setting

One if the issues that made this study unique was the attempt to see families in their homes. Looking back at the challenges posed, I consider this to be deserving of further research. I do not know of any handbook yet that tells what to do when busy with a difficult conversation with a six-year-old and her best friend comes to the door to play, or whilst at a family home and the phone rings. These are all issues that deserve further research. Although this was not such a prevalent issue in any of the four sessions dealt with as part of this study, it is something all social workers are aware of and that I had to deal with in many of the other sessions. Huston and Armstrong (1999) also pointed to the need for further research in this area.

9.1.8. Placing the exploration of the work of others after the implementation and organisation of the thesis.

Although initially sceptical, I consider that doing the main literature review about the methodology after trialling the methodology allowed me to have a more open mind about the various possibilities and not to be tied down by what others had done. There are of course aspects I would have done differently or mistakes I would not have made, but on balance it provided for the opportunity to explore a method not previously used in this context on a trial-and-error basis, and to learn lessons that would not have been learned had I simply used what others had done.

The other consideration is how the whole thesis could be organised differently, using the idea of a Tamara. I have been hesitant to do so in this thesis for fear of the process of scrutiny by the external examiners, but Tamara online journal will be one option to do this electronically. After receiving some feedback, I decided to try this in the last chapter where the whole concept will be reviewed with a home as the organisational structure.

9.2. Limitations of the study

9.2.1. The new grand or dominant narrative

Part of the postmodern movement has been to eradicate the grand narratives imposed by science and society. Arguing against these approaches being imposed on the work we do started to feel as though I was imposing a new grand narrative, that this was becoming nothing more than a new superstructure (Laitila, Aaltonen, Wahlström & Angus, 2005), namely that the

only acceptable approach is a narrative view of life. Doing this, I ignored the reality that for service users it is the ethical element that is critical to success in therapy (Lever & Gmeiner, 2000).

Two important examples spring to mind. In Chapters Two, Four, and Eight, I argued against the use of a medical model or using the medical approach as the standard for trying to measure what we do. In this context I suggested that cognitive behavioural therapy is an approach that does not look at the whole story people tell, that it is problem focussed and that it is part of the modernist, positivist movement. However, thinking about conversations I have had in the past year with Carole Sutton, who published widely on cognitive behavioural therapy in her work with families (Sutton, 1999), I recognised that her sensitivity to the needs of families and children was clear. I also had the privilege of listening to her teach students and of how she spoke of the wider structures that have to be considered.

The other example is closer to home. I have been fortunate to listen over some years to how my father, a medical doctor, spoke of his concerns over the struggles older Black people in South Africa had to face. His arguments for better services and care for them were based on a purely medical model, in which he used such measurements as blood pressure, diet, medication, and the availability of medication as strong social and even political arguments. For him, just as for Sutton, respect, dignity, and a clear ethical framework are central. I would concur with White's (2003) idea that we should not regard all other approaches as wrong, but simply that a narrative approach can be one possible approach and that we should be open to other approaches. In both these examples there is a clear ethical basis for their

work. Sutton (2007) highlights many of the same concerns about structural oppression and its link to issues such as mental health as Waldegrave et al (2003). In the case of my father, his ethical base is built on his strong Christian view of the world in the first instance, coupled with an awareness of the importance of the issues of inequality.

9.2.2. Focus of research

This study requires a more focussed approach to its original goal. As it stands, there is some overlap in trying to explore change in the stories, looking at the outcome of narrative family therapy, and exploring the grand and micro narratives. As I will illustrate later, these three goals can be jointly used and described for the purpose of assessing change in stories. But for the purpose of this discussion, I will separate them briefly. If the focus is only to explore how the outcomes of therapy are achieved, it should concentrate much more on the process of how it is implemented. The analysis then should reflect the specific therapeutic process more clearly.

Different strategies can help to achieve this. The first is to look at significant events or diaries of significant events, or alternatively to look at the process used in therapy, as suggested by Duvall, et al (2006). What therapy needs to be effective are a process, a function, and a purpose in order to provide a framework to explore the likelihood of change (for a more detailed discussion, see Chapter 8, section 8.1.1.1., Evaluating the impact of therapy).

If the focus is purely on evaluating the implementation of narrative therapy, then specific aspects of the approach suggested in this thesis need to be at the centre. These include:

1. How effective was the process of externalisation? Has a specific problem (or problems) been externalised? Is language being used to describe it as separate from all the family members? For example, instead of referring to "my son with ADHD", referring to what ADHD is doing to my son and our relationship?
2. Have the unique outcomes been explored?
3. Has a non-structuralist, thick description been developed?
    a. What coping skills does the family have?
    b. What strategies for dealing with the problem do they have?
    c. Are there specific skills they have for dealing with the problem?

    (Denborough, 2004)
4. What were the comments of the outsider witnesses?
5. How were the different maps of narrative therapy (discussed in Chapter Three) implemented?

9.2.3. Service user involvement:

I outlined in Chapter Four (4.1, The Constructionist approach to this study) why I decided not to continue with the involvement of service users in the process of data analysis.

It would appear that Denborough's (2004) suggestion for co-research can provide important considerations for future research. The main focus will be twofold, the first being to have the service users as co-authors of the research reports, with the final authorship. The second will be to provide a scaffold for service users to explore the work we do in their lives. It can take the form of a conversation they have, with an outsider witness who asks the

therapist/social worker questions with them being present, or alternatively to be part of a group of people having an outsider witness conversation about the session and what the worker has done. In the same way that the TICAS (Therapeutic Impact Analysis System) or other questionnaires are used for interviews with service users, a questionnaire can be devised to guide or provide possible questions for service users to ask the social worker, with them writing a report at the end about their thoughts and ideas. However this is applied, the idea is that families should be the primary researchers, inspecting what we do in their lives.

One of the inherent dangers of making the service users the researchers of their own lives and what we do in their lives is that it may just exacerbate the problem of being made responsible for policing themselves. This needs to be applied with great care. If the focus of this research is most clearly not on their lives, but on what professionals are doing and what is happening with the problem, it could be of value. It can also help to turn the tables by making them able to police the agents of society (social workers and other professionals).

To involve service users in the process it is essential that the analysis either start during therapy (where appropriate) or soon thereafter. The longer the time-delay between the end of therapy and starting this process, the more complex their involvement will be.

9.3. Evaluating the different phases of the process

In the following discussion, the different sections of the methodology will be considered individually. A suggested framework for applying the approach in practice will follow.

9.3.1. Mimesis One: the pre-understanding

This phase is useful for exploring in more detail how individual meanings are constructed and for sifting through large volumes of data to focus further analysis more effectively. Looking at the outcome of this can help to establish patterns and trends and to indicate what people focus on and the rules for telling stories. The goal of a pre-understanding, according to Bojé (2001(a)), is to look at the text before any structure has been imposed and meaning attached to it, but using Tesch's method of data analysis did impose a structure. Although there were no attempts at establishing theory, the structure imposed provides some clues to the researcher's understanding. If this phase remains in its current format (possible changes will be considered shortly), the name needs to change to *initial understanding*. The term pre-understanding can only be applied if this phase is limited to the process of transcription and exploration thereof by listening to the video.

The goal of this study was to develop a methodology to look at changes in the narratives told during therapy. If the focus remained on this alone, much less time would have been spent on mimesis one. For the purposes of assessing changes in stories, and specifically antenarratives, the pre-understanding is not essential, as indicated in Chapters Six and Seven.

Many of the reasons for doing the work in this phase, such as the understanding it gave, can be achieved by other means. For a start, transcribing and listening to the interviews highlighted most of the themes. Those not identified here came to light as part of the mapping process in mimesis two.

9.3.2. Mimesis Two

9.3.2.1. Analysis of the grand and Micro Narratives

To address further the concerns raised about the pre-understanding above, the coding of the grand and micro narratives can start with the mapping of the externalised problem. In both Chapters Six and Seven, it was during the tracking of the externalised problem that the nodes not yet identified during the initial understanding came to light. Starting the coding in this phase by coding the original text, rather than the pre-or initial understanding, would bring the researcher closer to the data. This can be further enhanced by starting the process of mapping whilst transcribing the interviews.

The nine statements suggested in Chapter Six (6.3.3.2 Phase Two: The Grand Narrative and micro-story analysis) yielded a process of coding to provide evidence of the different themes. For example, I was trying to prove that a certain rule existed or that someone had authorship. Using questions to guide this process, as was suggested in Chapter Five (5.5.2 Phase Two: The Grand and Micro-narrative analysis), helped to achieve an exploratory quality in the task rather than a linear process of providing evidence. In retrospect

this could have been more structured. The emphasis needs to be on asking questions of the stories and not on providing evidence. Because Authorship forms part of a separate stage in the analysis process, it can be disregarded here as part of the nine questions suggested.

The suggestion made in Chapter Six and applied in Chapter Seven that the maps which explored intertextuality only be done per node, and not per node per person, worked better, allowing a clear focus on the individual nodes without disregarding the actual people. These maps made what was happening in and to the stories visible, making it easy to compare what happened with themes between the two sessions. For example, it was easy to see with the first family that Emma's mental health in the first session was complex, whilst during the last session it had become much less complex. It helped me understand how meanings are constructed and how themes and meanings interact. This ability of the maps to show change can be enhanced in future by specifically listing the changes. The other option would be to use the colours now used in the maps simply to help follow the themes, to highlight the changes. In the case of family two (Chapter Seven), the first map of abuse deals with three main themes, namely the consequences of abuse, dealing with abuse and understanding it. This map is dominated by the problems abuse has caused for Cheryl and her mother in particular. In the last session, the map of abuse has two main themes, which reflects how they were able to break Abuse's stranglehold in their lives and how its continued presence can affect them.

It was suggested at the end of Chapter Six to collapse the coding for the grand and micro narratives and the intertextual maps. As a result of this,

the maps looked markedly different, with a greater emphasis on rules and the tasks each actor in the story had for the maps in Chapter Seven. There was also a substantial increase in the amount of data it produced, which caused some duplication between the various maps. An example of this is the maps in Chapter Seven dealing with control, monitoring, and secrets. There may be some value in returning to doing the nine questions for grand- and micro-narratives and intertextuality separately, or jointly mapping nodes that overlap. This could also help to answer some of the questions raised about duplication and why some aspects of the story are referred to in different maps. However, the way it was suggested in Chapter Six is actually closer to Bojé's emphasis on these rules and roles. It can thus be applied in this manner, depending on the goal of the research.

In Chapter Six I drew a map showing how the grand narrative looked. Because it did not help with an understanding of change, I did not do this for family B. If in future the focus is also on understanding the intertextuality, I would suggest this be included again.

To resolve the issues of duplication and the large volume of data, and to make the method more appealing for practice, only three or four maps should be selected. All the maps can be developed, but the focus should then be on the externalised problem, control, and two or at the most three of the other maps. The reason for selecting control is because it is the one map that was prevalent in both the families in this study. It was also prominent in the other families that were recorded but did not form part of this study. This would also help in understanding how we police and control families and get them to police and control themselves. The term 'policing' implies a sanction if

people do not comply. In the eyes of many families social workers have perhaps the most serious sanction, namely the ability to remove their children.

After looking at the suggestions of Denborough (2004), and thinking back at the small amount of detail given to the non-structuralist descriptions, there is a clear need to map out these hopes, dreams, values, and commitments specifically and to see how they are linked. The issue proposed by Denborough (2004) can be used, but phrased as questions (For a more complete discussion of these, see Chapter 8, 8.2.1. The Research Endeavour):

1. What knowledge base do people have?
2. What specific skills do people bring?
3. What solutions have they already used or tried for dealing with the problem?

The following questions may help to focus specifically on some of the other aspects of a non-structuralist description:

4. What are the specific hopes the family members have for their family and each person in it?
5. Are there specific values they have mentioned or shown, including absent but implicit values?
6. What is important for them – what do they cherish?

With the broad attention given to the five stages of data analysis, I initially thought that the idea of the antenarrative, namely the story behind the story, has been overshadowed. And, this is also how this report read initially. But a question posed to me, namely to define what the difference is between a micro narrative and an Antenarrative during the Viva for this thesis, made

me realise I need to clarify this point. Going back to the original text held the key.

In Chapter Five, these concepts (Antenarrative, micro- and grand-narrative) were discussed in more detail. But suffice to say here that the term antenarrative refers to a specific way of thinking. It is about the story before any structure has been imposed on it from outside. It is also about a bet, or gamble and that stories are open-ended, they do not have a beginning, middle or end (Boje, 2001a). Antenarrative is about exploring what is happening in stories, about the flow and sense-making of lived experience and the angled webs of stories, the idea of the Tamara, where various people tell stories simultaneously. Bojé provides this as the broad lens or searchlight to understand or think about stories. This Antenarrative idea comes to life by exploring the grand and micro narratives, with the grand narratives being the dominant stories that suppress other tellings and the micro narratives being the little stories. The tools for distinguishing between them, are to look at the rules, roles, the norms laid down, the stories promoted and those being silenced. Therefore, the antenarrative should be seen as a lens through which we look at stories. This antenarrative is illustrated by looking at the grand and micro narratives happening in the Tamara.

One of the strengths of this study lies in the decision to combine the grand and micro narratives, as it provides a clearer framework to shatter the monogamous stories into little stories. This approach of combining the micro and grand narrative analysis, made it possible to look at individual storylines where they are happening, without removing them from the Tamara or webs of meaning to explore their relation to other stories. For example, with family A

(Chapter 6), the concern over the daughter's mental health, which was the original reason for the referral, soon became one line from a variety of other storylines. The label of mental health tried to drown out the other stories of coping and control. This methodology made it possible to look at the story of mental health and control in the context of all the other stories, thus making it possible to allow for a Tamara-view.

This example also illustrates another critique of Bojé's work. Reading Bojé's (2001a) text, the distinction between grand and micro narratives seems straight forward. In my experience, they are very much linked and it is often difficult to tell the one from the other, to say where one starts and the other stops. The distinction between Emma's mental health story and the control others had over her was often blurred, with her father providing control because of her mental health. It is possible to argue that this could have been at least a participatory factor in her mental health status, or that the two maintained each other, because, if her mental health seemed to deteriorate, the support or control was increased. When her mental health improved, this support was not decreased, which seemed to cause stress and anxiety. This interwoven nature of the grand and micro narratives returns to Bojé's definition of antenarratives, in that the stories happen simultaneously, with no beginning or clear ending and form part of a web of meanings. Therefore, instead of the antenarrative being lost, it should be that this approach was unique in giving a more realistic picture of the interwoven nature of the grand and micro narratives, which in turn, point to the whole concept of antenarrative.

But this (resolving the debate about the Antenarrative being lost) does not change the problem of the methodology being complex and time consuming. To address this, it is possible to develop three aspects of narrative therapy for the purposes of analysis. Initially, the focus has to move to the landscapes of action and identity. This will represent the times when the family members were able to subvert the dominant problem, showing the initiatives they have used. With this, in other words the thick description, their skills, values, hopes, dreams, and commitments can be explored. Another way would be to look at the times of resistance against the grand narrative or problem orientated storyline in narrative therapy, by answering the questions of what the sources of identity claims that resist dominant discourses are, how we can recognise these in the personal accounts, and how people use these counter claims (Talbot, Bibice, Bokhour & Bamberg, 1996). This will illustrate not only the process of struggle against the dominant story, but also the abilities people hold.

9.3.3. Analysis of Authorship

I have considered removing this phase (analysis of authorship) in its entirety because many of the aspects important for authorship are highlighted in the mapping and exploration of the grand and micro narratives, specifically coding for control, power struggle, and standing up for self. This made this section feel as though it was simply saying many of the same things in different words.

However, the new questions suggested at the end of Chapter Six (6.4.2.3.) for the exploration of authorship should alleviate the problem of

duplication. Concentrating the information in fewer questions would make the comparison between the sessions easier. Leaving this section out totally would make a comparison of the information obtained in it more difficult. If indeed the grand and micro narrative analysis illustrate where authorship is located, I consider that the questions can instead be used simply to inform that process. Most if not all of the information will then be covered. For example, in both families, the process of coding for control lifted the authorship above the other aspects. But the questions suggested in Chapter Six (6.3.3.3. *Phase Three: Plot Analysis and Authorship*) and again refined in Chapter 7 (7.4.2.3. *Phase Three: Plot Analysis and Authorship)* will focus attention on the aspects of authorship not addressed in any detail whilst coding for the grand and micro narratives, such as the distribution of stories; production of stories and who controls the storyline.

9.3.4. Comparison between Sessions One and Six

The five questions for comparing the sessions made their application straightforward. These questions, once refined as part of further research, might be able to stand on their own in larger-scale studies, but to do this their results would have to be verified with other sources.

9.4. Data Verification

In a study such as this, data verification is essential, specifically because it is a new way of working. As it stands, this has not been adequately addressed. There are various possible solutions for this. The first would be to compare the four stages with each other (the pre-understanding or mimesis

one, the grand and micro narratives, authorship, and the questions for comparing the two sessions). If all four stages suggest that change has taken place, and since they look at different aspects, the fact that they reach the same conclusion suggests that change has taken place. Considering the literature from Chapter Eight, there are other sources open to help with the verification of the data.

9.4.1. Case Notes and other documents

Although case notes still remain a good source of information, I am not convinced that they provide enough detail for a study such as this. In most cases, case notes of conversations with service users today are brief, without attention to the detail required as part of a research project such as this.

I considered that the suggestion by Stephenson et al (1997) of asking service users to keep diaries of significant events would be a good source of information. Looking at the format of this study, video or audio diaries may also be options to consider. These diaries, written or verbal, can then be compared with one or all four sets of data produced in the four phases of the methodology suggested here. The video or audio diaries need to be introduced with caution to prevent them from being perceived as another way of policing what is happening in families.

9.4.2. *Discussions with Service users*

As pointed out in the previous chapter, the recognition that discussions with service users after the session could influence the outcome should not be regarded as a reason for not doing it. In fact, this should be a reason for using

these conversations, as the interests of the families should have preference. For this purpose, a specific questionnaire, such as TICAS (Therapeutic Impact Analysis System) or IPR (Interpersonal Process Recall Questionnaire), or a separate set of questions such as those suggested by O'Connor et al, (1998:483) can be used:

- *What has been helpful in therapy?*
- *What has not been helpful in therapy?*
- *What is your overall experience of narrative therapy?*
- *What is an image or symbol to describe your experience of narrative therapy?*

The last of these questions might be interesting if explored in combination with Speedy's (2004) suggestion of using poetics, in other words asking families to consider their stories in terms of poems or for workers to make case notes in terms of poems instead of professional case notes.

9.4.3. *Reflective Team*

Using reflective teams would meet the requirement of involving service users and at the same time enable the verification of the data gathered during the therapy process. It would also address the concerns about interference by the research process discussed earlier because it purposefully uses the narrative therapy process. The questions posed above (O'Connor, et al, 1998) or the questions suggested by Redstone (2004) can form part of the outsider witness process.

9.4.4. *Discussions with referring agencies*

Conversations with referring agencies can be valuable. Their impressions are often a good measure of things you may have missed. In this study with the first family, the community psychiatric nurse and other professionals were able to provide both the family and myself with their impressions of the changes they had noticed. The family had the opportunity to report these back to me, enabling them to reflect on what others had seen in their lives. These conversations can also form part of the outsider witness conversations. I think that Emma's and her family's ability to reflect on what someone from outside the process and family had said, carried considerable weight.

9.4.5. Long-term Change

If the study is to determine whether change has taken place, either in what the family members perceive or in terms of their stories, then it is important to assess the change over a longer period of time. I have previously suggested (Weich, 1995) that the changes that have taken place either in terms of experience, or in the stories told, should be re-assessed three months after the last conversation and again after six months.

9.5. *Draft proposal for a method of data analysis based on the antenarrative*

The following is a suggested framework that aims to incorporate the experiences from Chapters Six and Seven and the literature review in Chapter Eight. Although I will attempt to outline the different steps here, further

attention is needed to outline the detail of this application. I aim to address this by developing a training manual, which will be more comprehensive, as the parameters of this thesis do not allow for such detail.

A) ***Phase One: The Pre-understanding/ Initial Understanding***

Application of this phase:

Phase One can be of value if the goal of the study is to analyse significant events in therapy. The use of Tesch's (1990) method of analysis opens the way for theory building, specifically about the process of meaning-making at an individual level, establishing patterns and trends and the rules that guide storytelling.

The following practical steps are proposed:

1. The interviews are transcribed by listening to the video in detail. This is done in four columns indicating the numerical order to the conversation for later reference, who spoke, what was said, and any significant non-verbal elements.

   Steps two, three and four are only suggested for detailed research as part of academic work if the goal is to meet the possible application suggested earlier. They are not suggested for use in practice.

2. The whole video is then viewed while making notes in the transcribed text of those aspects of the video that appear striking. These are coded, preferably in the text, by highlighting them with coloured pens. In order to help identify the issues and/or themes, the following basic steps are followed:

- Listening to gain an overall impression of the interview.
- Listening to the video again, focussing on each person, what they focus on and react to, individually.
- Listening for the issues and nodes about which the various members of the family talk.
- Coding by using the first three phases of Tesch's method of analysis.
- Continuing with this process until saturation has been reached. In other words, until no new nodes or themes are found.
- Writing reflections on these nodes to explore the themes and sub-themes they raise.

3. The main method in this phase is to watch the video, whilst at the same time coding the various nodes with coloured highlighters in the text. Watching the video and simultaneously coding the transcripts provides different and more detailed nodes. This is because the video provides people's verbal emphasis as well as their non-verbal behaviour. This can be lost if the focus was only on the transcripts.
4. The style of writing for this section calls for narrative process notes. In order to link the process notes to the original transcripts, reference will be made to the corresponding lines in the transcript.
5. If the research is done with service users as co-researchers, transcribing all the interviews would be too time-consuming (if done alone as this study was). An alternative could be to then gather information through:

- conversations with outsider witnesses.
- compiling diaries of significant events or audio/video diaries.

- conversations on account of a standardised interview schedule.

6. Both the social worker and the family can make detailed notes about the above conversations.

B) Phase Two: The Grand and micro Narratives:

Application:

As I have argued earlier in this chapter (9.3.2.1. Application of the Grand and Micro Narratives) this phase has been helpful in illustrating the whole concept of antenarratives and to understand the process of meaning-making at meso and macro levels. Their biggest contribution lies in their ability to provide a better picture of how stories and problems operate, the prevailing rules and roles, and to track these in people's lives. The maps that are part of this process can be a valuable visual tool during therapy. I will elaborate on these later on in this chapter.

After the transcription and listening process (Phase One) has been completed, this grand and micro narrative stage of the analysis can commence. It is done through the following steps:

1. Because the focus in this section is on the grand and micro narratives, it is helpful to listen to the video again with this in mind.
2. If all the steps above were used, the initial understanding can be scrutinised again for nodes to be used in the grand narrative. Most of these will be highlighted in the transcript and discussed in the pre-understanding.

3. If Phase One was only used to gain a pre-understanding and not an initial understanding, move to the process of coding using the following steps:

- Compile a spreadsheet with the various themes, sub-themes and leftovers by coding these in the text. All of these have to be referenced to the transcript. Decide on the themes to be mapped. Make sure that duplication is eliminated. If themes have the same sub-themes or a large overlap, see if they can be combined.
- With a pen or highlighter, underline the themes that need to be included in the various maps. Briefly indicate to what map they will go.
- Return to the original text and make sure that the themes, when referring to the original text, are placed in the correct map.
- New nodes start to emerge in the process of developing the maps, which are taken back to the transcripts for verification.

4. In the process of coding, try to find answers to the following questions:

- With what is the externalised problem dealing?
- Are any universal truths, either within the family or from society at large, visible or discussed about the family or a specific person?
- Are there any stories being suppressed or not listened to (Micro-narratives)?
- Who has the authorship of the overall story? (Only to be used if authorship is not explored in the third stage of analysis)

- Are there any paradoxes in the stories?
- What are the principles and rules within the family?
- Are there any visible power struggles within the conversation?
- Are there any obvious power struggles between family members and between the family and the professionals?
- Are there indications of people standing up for themselves or wanting to make sure their story is heard?

5. Coding for thick descriptions:
   - What knowledge base do people have?
   - What are the specific skills people bring?
   - What solutions have they already used or tried to use to deal with the problem?
   - What are the specific hopes the family have for their family and for each person?
   - Are there specific values they have mentioned or shown, including absent but implicit values?
   - What is important for them? What do they cherish?

These questions will be explored by coding the transcripts with coloured highlighters, each colour representing one of the questions. These coded abstracts highlighted in the text will then be transferred to a narrative map to describe intertextual relations. The next part of this phase deals with the comparison between the two sessions:

- The maps of each node from both sessions are then compared, looking at what has changed, specifically highlighting:

- Were maps more or less complex?
- Were there more or less indications of people taking a stand, power struggles, and paradoxes?
- Have people challenged any of the universal truths about them?
- What skills and strategies have they been able to develop?

7. Not all the maps have to be done in detail, but the externalised problem, control, and at least one more map showing the skills used by the family need to be assessed in detail. The maps not written in detail are kept for reference to complete step eight.
8. A 'Map of Maps' is drawn, indicating how the various maps interact with one another, and specifically looking at aspects that occurred in all or most of the maps.

To draw the maps, a software programme such as Inspirations 7.6 can be employed. It is simple to use and allows for children to participate in the process of mapping.

The focus in this phase is not on the people, but rather on the nodes in these stories and how they affect everyone. When writing the analysis of the maps, the nodes are referred to as externalised characters in the story. The maps are also done per node, and not for any one individual per node. This does not mean that people are ignored. The experience people have of the nodes should form part of the discussion.

Reference is again made to the various parts of the transcript to support the statements made in the analysis as indicated in the pre-understanding.

C) Application of Phase Three: Authorship

The aim in this phase is to determine the authorship in relation to the family as a whole, but needs to specifically look at the person initially being referred. Where appropriate, this can also be done in relation to the whole family. The completion of the narrative map and the grand narrative should give a good indication of the authorship within the family.

Authorship is determined by the exploration of the following questions:

1. Production of stories:
    - Who is responsible for the production of stories?
    - Who controls the storyline and the production thereof?
    - Are there any hidden stories and who controls them? Who struggles to get these stories told?
2. Distribution of stories:
    - For whose attention are stories told?
3. Consumption of stories:
    - Who listens to the stories?

The responses to the questions here are again compared between the two sessions.

D) Phase Four: Comparison between the stories of sessions One and Six:

The following criteria are used for an overall comparison. For a brief summary of change, this might be used independently, pending further research:

1. *Scaling:*

    i. How has the rating on the scale applied (mark out of 10) changed?

2. *Grand and Micro narratives:*

    i. Are the grand and micro narratives different in the first and last sessions?

    ii. How has the power distribution in the family changed?

    iii. Has the person(s) previously oppressed been able to take power back?

    iv. Are there specific abilities that the family has developed?

3. *Universal Truths:*

    a. Has the family been affected by any universal truths? Has this changed from the first to the last session?

4. *Externalised Problem:*

    i) What happened to the original externalised problem?

    ii) Have any additional problems been externalised and what has happened to these?

5. *What changes have the family noted?*

E) Phase Five: Data Verification:

Depending on the context and goal of the study, one of the following ways of verifying the results can be used:

1. If more than one of the phases is emphasised, the results from different phases can be used to see if they came to the same conclusion.
2. Comparing the results from one of the phases with outsider witness conversations.
3. Service users writing diaries, or keeping video or audio diaries for comparison.
4. Standardised questionnaires.
5. Discussions with referring agencies.
6. Three to six month follow up interviews.

The different phases should be seen as both interdependent and independent. In other words, they could be used independently depending on the goal of the study. But at the same time, in conjunction, they provide a better picture of the family's story.

Thinking about its possible applications in practice, there are two likely combinations. The first is for small-scale in-depth studies investigating whether change has taken place, how various themes link into one another, how stories are formed, or exploring issues of oppression, in which case the initial understanding of phase one and the grand and micro narrative analysis can be used with one of the methods of data verification. The second is for larger-scale studies for which in-depth analysis is not feasible. Here authorship, narrative type, or the questions for comparison can be used either jointly or independently, again with at least one form of data verification.

9.8. Conclusion:

At the start of this study, I wanted to investigate whether family therapy, and narrative therapy in particular, are effective forms of intervention for social workers. I cannot conclude this, but I contend that the literature in Chapters One to Three shows it is possible to combine the values of social work with that of narrative therapy.

The method of analysis developed here shows how important it is to look at stories before any structure is imposed on them and not to impose a beginning, middle, and end to them. Instead of a two-dimensional drawing, it is a three dimensional sculpture containing multiple stories. Our point of view determines how we make sense of what we see. The Tamara concept has helped to enforce the idea that various stories can exist simultaneously within one family. It has helped me to understand the flow of storytelling, how we make sense of our lived experiences through stories, and how these experiences are not only those of one person, but of a collective memory that lives through the stories told. The manner in which problems operate in stories through self-perpetuating rules and strategies are visible entities for me for the first time, and I hope this visibility will help service users and professionals to see them as such. This, with the grand narratives laid down by the broader structures in society, makes how we as social workers are used to police families clearly evident. This is, according to Bojé (2001(a)), what antenarrative research is all about.

The experience of this research, and specifically the work of Donzelot and Foucault, have made me more aware of the importance of anti-discriminatory practice and how relevant their ideas are for social work such

as child protection. I hope this method of analysing what people tell us will broaden this awareness and turn the gaze the other way, helping families to scrutinise what we are doing.

To return to the original research questions, the antenarrative method can show that change has taken place. It does more than this. It helps to develop an understanding of what is going on here. These questions are answered when tracking the grand and micro narratives. The potential for this form of analysis also lies in highlighting the oppression people face. By placing the stories in the Tamara, we are able to observe narratives happening simultaneously and interacting with each other.

Chapter 10

Assessing this Tamara.

In the final two chapters, I will reflect on the thesis, using the metaphor of a Tamara in Chapter 10 to provide the reader with an overview of the study. This chapter will take a more personal approach to summarising the work. In Chapter 11 I plan to take a more traditional and academic view of this research endeavour. Thus, for the reader wanting a summary of the salient academic outcomes, chapter 11 will be the place to go. I will also cross reference between the two chapters.

Since it is not typically British, my home might be either interesting or off-putting to some. On first impression it is quite an unattractive yet ordinary house, fitting in sensibly with the other houses in the street. There is a hallway that seems to lead nowhere - a maze created through extension work decades ago. Around the corner to your right is the safe and intimate family room, normally strewn with the toys of our two children - the place where we spend most of our time. To the left is my study - full of books in disarray on various bookshelves; drawings from Zelna and Desmond blue-tacked to the wall; maps of narrative therapy drawn up at the Liverpool Narrative Conference in 2003; and notes of differing importance stuck everywhere. My space.

The dining room and sitting room merge into one long, tidy room for receiving guests. The sliding doors leading to the garden create a sense of openness and freedom, even happiness with bright sunshine added to it!

The kitchen is narrow, only about two metres wide, but quite long with a scullery at the far end. It, too, leads to our garden, the children's trampoline, sunny days and the friendly company of our dog.

The garage has become a storage room of memories from our lives in South Africa; of DIY tools for the almost sole use of my partner (the one with the technical skills in our household); of camping equipment yet to be used.

Upstairs the children have decorated their rooms to their taste. Both have an IKEA swing in their room. The quizzical expressions on our neighbours' faces made us realise that the strong, metal hooks on the ceiling with thick, black ropes hanging from it (all that is visible from the street), might be a cause for concern.

The main bedroom is a quiet place, a private space to which we can retreat to get away from it all. Last of all are the 2 bathrooms with a comfortable "seat" for reading. It is also a place where seclusion provides an opportunity to clean yourself whilst lying back in a relaxing hot bath.

Our Family's Tamara is my conclusion to organising this study. Because it is a Tamara, there are two authors, at least. I have asked Desmarie (my partner) to write this with me. The impression you have of us; where you are in the house; whom you will see in the room; and who you are yourself will influence what you see.

By moving through my home I shall look at what I have learnt in this thesis, deciding what I'll take forward, highlighting some of the problems where I need to claim against the insurance or fix the leaking bath. In some places I think the decoration really works well and I hope you will notice this.

10.1. Outside: a view from the garden

Times spend here are in public view, the neighbours see from an outsider perspective all that we do here. They have become accustomed to our "Braais" (the Afrikaans expression for barbecues) every Friday evening, come rain or shine. Zelna (aged 8) can spend hours playing with a friend or simply with our dog on the trampoline. Desmond (six and interested in every tiny detail of all I do) has recently started to partake in the "braai" rituals and now has the title of trainee chef. In chapter 11, I will explore the attempts at training students in the art of doing antenarrative research.

To return to the garden analogy, both Desmond and Zelna have tried their hand at gardening. Doing the work with them and telling them how to plant various things, has helped Desmarie and I to better understand what to do in our garden. We realise that some of their questions need further consideration (like Desmond, asking me what flames actually are when looking at the braai-fire). Many of the elements of this research still need to develop in a hothouse, where it will have ample sunshine, but also lots of attention and pruning. Plants often grow well in a hothouse, but when exposed to the weather at the bottom of the garden, they quickly shrivel away. The specific usefulness of this methodology can only be verified by larger scale studies, once it has been tried out not only by the students in class and myself, but also by practitioners in the field.

Our cars are normally parked outside on the drive. About a month ago, my car's front mirror was broken off. Last night, the same car's back window was kicked in. We expect the Police to come to take a statement later today. Desmarie and I have been wondering if we have done anything to offend any

one. We get along very well with the neighbours, have not had any problem with people in the village, so why only our car on the whole street? Desmarie felt that if it was only because we are different, being foreign, that's OK, as we know how racism works - after all we come from the country that perfected the art. And when the Police officer comes, will he or she be able to understand our situation? But we did not want it to affect the children, we do not want them to feel different or victimised.

Issues of discrimination are central to the work we as social workers and this approach help to focus the attention on how we as workers are participating in the process and art of discrimination. For me, this approach has helped to turn the gaze back on me, on what I am doing to the families. It is like having a sunny day in the garden, hoping you are in your own private space, but knowing the neighbours can see in and being aware of what we do or say that other people can hear.

10.2. The Family room

This is the room we play safely, protected by those we love; where we learn about each other; about ourselves; and about where we fit in - all in the comfort of a familiar space.

In the family room of the families I work with, I shall be trying the maps with the children. Looking back at session one of the second family I studied, I used clay to get a better idea of how Cheryl feels about herself. In sessions five and six we burnt pieces of paper to illustrate the effect of guilt. In the same way that the models were used with students during training, this approach can be used to help children build models of their stories, seeing

how the various parts of the stories interact with one another. If the models of the stories are kept, it will be easier to compare the models they have built for the first and last sessions. As it is all done with children's toys, it is easily accessible and an approach they will be able to associate with.

In future, I shall explore the stories families tell me differently. Formal conversation in the sitting room will be exchanged for more intimate conversations in the family room, amongst the toys and crayons happily strewn on the floor. In chapter 11 (11.2), I will pay attention to

Bojé (2004) highlights that we should not work with an abstract text only, but that we should be working with the original transcripts. The same is true for therapy. Meeting families in clinical settings might not be abstract for us, but it is for them. Family two (the mother and grandmother) wanted me to see what is really happening in their home, not in an office setting; not in the sitting room, but in the living room. In future, I will take large sheets of paper along when visiting families for the first time (a flipchart pad perhaps). Instead of my sitting with a note pad, making notes that they cannot see, would parent and child not feel more included in a visible mind map of their story on paper? Alternatively I may choose to use software such as Inspiration 7.6 and a laptop, allowing everyone to see and for the family to keep a copy. After the session, they may choose to continue building the model of their story and to compare the various maps with each other as the sessions progress.

Allowing the families to keep these maps provide for a tool to solve a practical problem practitioners often face. The likelihood of having many professionals involved is high, especially with the emphasis on multi-professional working. This often leaves families with multiple messages that

are quite often very confusing. This problem is then exacerbated by not always having the same carer, social worker or midwife coming to visit every time. If the maps are left with the family, and all professionals are aware of these models, it provides for an opportunity to firstly get information from one professional to another, and for the family to take control of the communication because they are the people explaining their map and thus the story to all the professionals. Because the maps are centred on the story, it could help to keep the focus on the story, and not the individual family members.

Careful consideration is needed to guide this exploration to ensure that the focus is not on the grand narrative, but the micro narratives in the form of skills, abilities, hopes, dreams, values and commitments. Since most homes nowadays have computers (with very computer-literate children!), they may choose to e-mail copies of continued models to me. With the second family, I wrote a newspaper using Microsoft Publisher, which looked at the Cheryl's story and how things have changed from session 9 onwards. This worked well, and allowed her to revisit what was said and to again change the newspaper, or keep it up to date

The scales have worked well and were a clear illustration of change and are something I will use more of in future.

10.3. The Sitting room:

This is the room where we have more formal conversations, where we talk about serious matters; where we show what we choose to show about

ourselves; where others only see the tidy, organised and presentable side of our lives. This is the room we have full control over.

Mapping issues of control became central to the methodology. In both those families that took part in this study, control was a central part of their story. Control will in future be a part of what I map as standard. More importantly, I would like to see how families feel and experience the work we do in their lives, and to see how they map us. Doing this may help to make therapy a more just approach, especially in the case of child protection. As Denborough (2004) suggests, by helping the families to map their own lives and presenting this to others as being the experts on their own lives can help to make them the experts of their stories. For child protection conferences, families will potentially be able to act as their own advocates, instead of the social workers having to act as the prosecutor and advocate.

Moving to the more formal setting of the sitting room with the pictures and paintings on the wall might help the practical problem social workers often have in summarising the essence of what has happened during sessions in the living room. O'Connor, Meak and Pickering, (1997) and Speedy's (2005) suggestion of using poetics to do this may also offer some solution. It might prove important though to do this with caution, as I want to be sure they do not perceive this as a middle class person bringing things to them that they have no interest in.

10.4. The Kitchen

The room where I cook (not that I am any good at it), something I find relaxing; where new recipes are tried out; where new flavours are introduced

(sometimes successfully!); and where coffee is constantly being made to keep us going. A while ago we acquired a brand new food processor, which is now used to do virtually everything, from grating things to making fruit smoothies. It has helped to break the mould of the same old recipes we used to make.

As it stands, this antenarrative design suggested in chapter 9, seems to work in the same way I use the food processor in the kitchen - doing everything. In chapter 11, I will return to the two research questions and consider the application of this approach.

However, as illustrated in this study, antenarratives are a new and innovative approach to experience the stories families tell us. It ensures we taste the whole story and take the context of the story into consideration, including the issues of discrimination. Doing this, we are able to work both from a critical social perspective and to show what happened to the story. It also ensures that the focus does not land on one person or group of people like children or parents, but maintains the focus on the story exclusively, ensuring that we do not work from a position of blame.

10.5 The Bedroom

The room where private conversations take place; a place of self-reflection; the place where you can reveal your weaker points, those often covered up; where you can admit to yourself who you really are.

One of the limitations of this thesis is that the methodology is not yet clear. It is a bit like a teenager growing rapidly, with the arms and legs seeming to be too long, the voice breaking and sounding squeaky. It is a methodological novelty that still needs to be developed. Because I strived not

to manualise the stories, I have to accept there will be certain elements that later on will have to be developed and ironed out. The growth is also about developing the theory further.

It could be argued that I have tried to borrow bits and pieces from different places, working in a manner which was not only eclectic but also disjointed. If this was the case, the same arguments will have to be levelled at Bojé (2001), who borrowed from numerous theories to construct his ideas, or White (2003), who looked at various ideas from different disciplines and approaches understanding what is happening in stories. He made use of the ideas of Foucault, Vygotski, Meyerhoff, Bruner and various other authors. Theories after all are there to provide light (Mouton, 1996). The arguments formulated in this study now need to be examined further to see if they stand up to the scrutiny of the wider research community and practitioners.

10.6 Conclusion

All of this may sound good, but if all the houses in the street were put up for sale, why would my house be more interesting than the others? What makes it unique?

Although our home looks small from the outside, it provides the place where you can come to know more about our family. It is more than merely bricks and mortar, this is our home. The real value lies inside. Come in and spend some time with us in our family room. Listen for the little stories Desmond and Zelna would like to tell you, those little stories that grown-ups don't think are worth their while. Sit on the floor and draw a pirate's map of

their life story. See how the house looks if you fly over it with them. Stories are alive, in the same way that Peter Pan is for them.

These, I hope will be the memory of my Tamara.

Chapter 11

Conclusion.

In this final chapter, I will focus on the two research questions that guided this research (1.4.1.The questions that delineate the focus of this study), and the questions for good enough research of Riessman and Quinney's (2005) discussed in Chapter One (1.4.2.Application plan to answer the research questions) to evaluate this study.

11.1 Application of the antenarrative principles in teaching

Towards the end of this study I tried my hand at training social work students to use the antenarrative methodology to explore the stories families told. Once familiar with the ideas behind it, they were able to use basic aspects of the methodology. They found the maps to be especially useful. To get the idea across that stories interlink, we jointly built models of the different stories told in families, much in the same way that chemistry students would build molecular structures. They found the playful approach of building models of stories using children's toys such as Meccano or Knex (these are simply children's toys that encourage construction) easy to follow and said that the idea of seeing stories as three-dimensional objects instead of two-dimensional was useful. This multi-dimensional approach worked well but, because it was only used on two occasions with students, needs to be developed further. The students also found the concept of a Tamara very useful - the notion that where you are will determine what you see. As social workers, we often visit people in their homes, and sometimes go to children in their bedrooms to

make sure all is well, but sometimes just to see the new hamster. This may be why social workers could associate with the idea of a Tamara, they know that what is said in the sitting room is not always what you see in the bedroom.

However, the students felt that some of the ideas in the theory of antenarrative are complex and needs further clarification, especially when we took it further than a tool for working with families to an approach for research. This might be resolved once a training manual that looks at all the minutiae has been developed. But taking the discussion about psycho-technology in Chapter Eight into consideration, such a manual would need to be developed with care, leaving enough room for researchers to bring their own stories to the setting. I have spoken to some practitioners in the field with longstanding experience of working with families and research in relation to this study, who have found this methodology easier than grounded theory or discourse analysis to use as a research tool. For them, the ability to show that change has taken place will be important to justify both family therapy and narrative therapy in particular to their managers.

11.2 Application in practice

One of the aspects of my work as a social worker that I miss tremendously is working with families and their children. This antenarrative approach has made me aware, very aware, of the impact of what I am doing. Most of my work in the past has not been on the micro narratives, but the grand narratives - the stories that Social Services tell about the families. After all, I was part of the system that first created and then told these stories as the only truth. As a child protection social worker, this approach has helped me to

focus much more on the micro narratives, the stories that families want to tell but which are not listened for. Mapping the micro narratives will force me to focus on the thick descriptions (discussed in Chapter Three). The ideas discussed in the previous chapter (see 10.2, the family room) can be valuable to apply these ideas in practice.

11.3 Focussed application of the methodology

As it stands, this antenarrative design suggested in chapter 9, is used for understanding stories and oppression, tracking nodes, and trying to determine if therapy has established change. This can be a specific strength. None of the other approaches discussed in chapters four and eight in particular was able to integrate a postmodernist, non-structuralist worldview by linking changes in the grand and micro narratives to changes in the stories that families tell. This antenarrative approach implies that change can only be established if the stories imposed by society have also been addressed and show how the micro narratives can overshadow these. With this in mind, it is also important to revisit the original two research questions, namely: *Can an antenarrative methodology be used to illustrate changes in the stories of families in order to assess the outcome of narrative family therapy?* and *Can this methodology be used to track both grand and micro narratives and the changes that take place in these stories?* This antenarrative model is effective and useful because it addresses both of these questions, showing changes and outcomes by looking at the grand and micro-narratives.

If I could take the lessons learnt here back to practice, there are a couple of recipes I would do differently. For a start, the antenarrative

approach has given me a different approach to the other options I had available in Chapter Four, namely experimental manipulation, change events paradigm, grounded theory and grounded hermeneutics. As mentioned in the discussion in the previous chapter, many of these terms tried to understand the use of language, thus forgetting the whole story. In trying to indicate what has changed, a second group counted behaviour. Although this is an approach easily married with positivist worldview, it is precisely not what is intended with stories. With this comes the consequence of only focussing on the problematic behaviour, thus missing the thick description. The last group (grounded theory and grounded hermeneutics) looked at trying to understand the "why" questions but were unable to show if stories have changed. They often also only looked at a small vignette of the story, or focussed on particular words or phrases, losing the context of the story and what was happening outside that had a major influence on the family.

The antenarrative approach, I believe, is a new and innovative recipe to experience the stories families tell us. It ensures we taste the whole story and take the context of the story into consideration, including the issues of discrimination. Doing this, we are able to work both from a critical social perspective and to show what happened to the story. It also ensures that the focus does not land on one person or group of people like children or parents, but maintains the focus on the story exclusively, ensuring that we do not work from a position of blame.

11.4 Suggestions for further research

The ideas suggested in this study are far from final and need to be scrutinised and refined. As such, the whole study is open for further research in relation to theory, methodology, and application. However, everywhere on tiny scraps of paper, there are some specific questions I consider worthy of further exploration:

1. How do service users and practitioners experience the maps?
2. Can the maps be used to track the thick descriptions in particular?
3. Does the antenarrative method help service users explore what it is that we as social workers are doing in their lives?
4. An exploration of why specific sections of the text are more important in some maps than others – in other words, what makes certain sections pivotal and what makes them stand out? This can be explored using Bojé's (2001(a)) intertextuality.
5. Can the antenarrative method help practitioners to explore their own practice and to assess change in what is happening in families?
6. Do practitioners find it helpful to explore the multiple stories told by families using the idea of a Tamara?
7. Does this method of doing research make social workers more aware of issues of oppression?
8. What is the impact on practitioners of closely scrutinising one's own work and of the awareness this awakens?
9. Chapter Seven highlighted the demand to meet the requirement, especially in organisations such as Social Services and the NHS, for empirical outcomes-based studies showing how effective our

interventions are. What does this method of assessing change would suggest happens and why it happens, in approaches such as Cognitive Behavioural Therapy, does Cognitive Behavioural Therapy change the stories of families if assessed with this approach? For example, will CBT contribute to the ability of family's ability to tell their micro-narratives?

10. There were common themes that emerged in both families, for example the use of power and the role of men in caring and abuse, to name but two. These should be explored in a broader-based study, focussing on the impact of our interventions for anti-oppressive practice in particular. The advantage of using an antenarrative approach is the new light it will bring to the field. It is specifically geared to be integrated with narrative therapy and also to help social workers explore (not only when doing narrative therapy) how they either help to maintain the grand narratives told about families or actively explore the micro narratives.

The study will always be my room for developing and refining ideas. Putting the various ideas on sticky notes reminds me of them every time I look up. They are all close to the big map of narrative therapy, ensuring I remember where the route of my work lies.

11.5 Evaluation of the study:

To evaluate a study such as this requires a return to the two research questions raised at the start.

11.5.1. Can an antenarrative methodology be used to illustrate changes in the stories of families in order to assess the outcome of narrative family therapy?

My initial view was that this question about change would be the easier of the two questions to answer, but change is complex and not easy to pin down. This approach was more successful at mapping themes than it was at illustrating change. Phases three and four (authorship and comparing the two sessions) made it easier to answer the question of change. These two phases might be of value for use separately from the other phases in larger-scale studies. If the focus is on assessing change, these two phases could form a central part of the study. Changes in the operation of power and control became clear when mapping the stories. In Family A, Emma initially did not have authorship over her life story at the start of session one. By session six, she was able to take decisions independent of others and had started to take back control of her life story from others, thus gaining authorship.

11.5.2. Can this methodology be used to track both grand and micro narratives and the changes that take place in these stories?

The value of the micro and grand narrative phase lies specifically in its ability to explore how control, oppression, and the dominant discourse from the wider community operate on the family. This phase can be used to show how these dynamics have been altered, but its focus should then be on whether and how people are enabled to tell their micro narratives and whether and how they are able to deal with the grand narratives. The

suggested focus on a thick description (as defined in Chapter Three) should aid this process.

This method was able to track what happens in stories and also what happens to the externalised problems. In family A, Control is an example of this ability to track what happened to the externalised problem, whilst in Family B this can be seen in the tracking of Abuse. With further development of this methodology, can help to bring a different perspective to the understanding of stories and problems, how they operate in lives, and the strategies both problems (which are, from a narrative perspective, not inanimate but alive) and family members use.

In Chapter One, it was suggested that Riessman and Quinney's (2005) questions be applied as a guide to determine if this study was good enough as a narrative research study:

i) Was the work based on systematic observation?

Riessman and Quinney's (2005) original question also uses the term 'empirical'. In other words, was the study done in such a way that others could follow the process the researcher had used? As will be seen in the second question, the design allowed the reader to follow both the sequence of consequence of my actions. This study was based on a systematic observation of what happens in the stories of families. It was done from the position of a first-order researcher, providing an insider's view of both the therapeutic and research process.

ii) Does the analysis attend to sequence and consequence?

The analysis paid careful attention to sequence, specifically in the tracking of what happened to problems and stories. However, neither

narrative therapy nor the antenarrative approach work from a cause-and-effect position. This study showed that stories are too complex to argue from a simple cause-and-effect perspective.

In terms of the methodology itself, both sequence and consequence were observed. It contained a circular process of design, implementation, refinement, and implementation followed by further refinement. It allowed for a systematic process of discovery that off-the-shelf or borrowed approaches would not have had.

iii) Is there attention to language and were transcriptions made and inspected?

One of the theoretical lessons I have learnt was the importance of language in the construction of meaning and, through this, the stories we tell. The initial attention to the script (in phase one) needs to be structured better - limited to a process of transcribing the videos and watching them for further detail of the telling process after the transcripts have been made. Watching the videos repeatedly brought perspectives that would have otherwise been missed. This attention to language does not look at individual words in isolation, but how they help to construct meaning in the shaping of stories (see 9.1.1, The construction of stories). A second dilemma has been that the manner in which research is done, forces us to be able to generalise the stories, and when we do this, the particularities of the stories are lost. The antenarrative manner of looking at stories ensures that the particularities of stories are not lost, that the focus on the story is maintained and not lost in the detail of minutiae.

iv) Did analysis attend to context of production? (Research relationship and macro institutional context)?

As the study progressed, the macro structure and the importance of both Foucault's and Donzelot's ideas of an ever-present gaze and policing families became evident. The role society plays in the construction of our stories and ability to tell stories was highlighted.

Sufficient attention was not paid in this study to the relationship between the researcher and service users. I have noted in Chapter Eight that the idea of enabling service users to do research into our practices is appealing and (how this approach can be used to do so) have suggested how this might be implemented.

v) Were epistemological and methodological issues treated seriously, in other words viewed critically?

Both methodological and epistemological issues were treated seriously. This study was in essence about the development of a new methodology. The need for a new methodology can be best understood by recognising the limitations in the kinds of knowledge the other forms of research provides, as discussed in chapters four and eight. It is intended that the suggestions made in this study, in relation to the construction of stories and understanding, will contribute to the field of narrative research.

Throughout the study I have tried to pay careful attention to its epistemological dimension. Working from a narrative worldview, the truth value of the conclusions to the stories lies with the families. This unfortunately cannot be attained in this study for the reasons discussed in chapter 4 (4.1. The constructivist approach to this study), namely because the families were

not involved in the writing of this research report. As a researcher, I have tried to substantiate my conclusions about the outcomes and the lessons learnt from them on account of the stories and have opened this up for scrutiny.

vi) During the process of analysis was the issue of auto-ethnography reviewed critically? Where intensive case studies took place, was there interaction with service users using critical reflexivity?

At the start of this research, I strove to be neutral and objective. As the study progressed, it became a personal journey of discovery, not only about methodology but also about my own practices and ways of understanding. Auto-ethnography in its methodological meaning might not be present, but in many other ways the principle of writing to connect the personal to cultural and placing the self in the social context has been intensely real, particularly as it centred upon family therapy sessions I have done and about seeing what the consequences of my understandings of the world are.

The most fundamental change to this approach for the future will to the involvement of service users. To take their involvement further, I plan to make them critical observers of the work we do and the stories we construct about their lives. The auto-ethnography could be written by them.

11.6 Final remarks

Riessmann and Speedy (2006) argued that very few studies in the field of narrative research made use of direct quotes of any length and in social work in particular, there are very few studies using audio or video recordings. In cases where this has happened, the transcripts were not made available for scrutiny. This study has filled those gaps. In contrast to many other studies

that simply collected data and used off the shelf methods to analyse the data, this study took a novel approach, developing a different and new way of analysing the stories. Even the manner in which the stories were collected was different. Where other researchers collected their data in a clinical setting, this study listened to the stories in the settings where they are actually played out.

Both the therapy and the manner in which the stories were approached, was geared towards the work that social workers do, to ensure that this antenarrative way of working is in tune with the work social workers do on a day to day basis. It has brought theory and practice closer together, showing that practice does not have to mean separating therapy and research, but rather striving to merge them. It is not about evidence-based practice, but practice-based evidence. This different way of collecting the narratives helped me to make sense of stories that happened in the real world, which is different from an academic comprehension. In Afrikaans, the word knowledge can be translated as meaning either "ken" or "weet". Unfortunately, there is no English translation for these two terms. The difference between the two terms lies in that, one can name all the elements of a story and apply these to analyse the story. But to know a story from the inside means you are able to recognise the minutiae others would not have seen or be aware of things that outsiders would not have known of. I now understand White's (2003) emphasis in the need for first order researchers, discussed in chapter 8 (8.2.2. A more ethical stance to exploring narrative therapy). Because I was part of the telling, I had a more intimate

understanding than someone who might have only read a transcript of the interview.

The methodology itself is easily integrated with a post-modern and feminist view of the world. Perhaps more important for practitioners is the ability of this new approach to bridge the gap between therapy, theory and practice. Antenarrative research can be used alongside narrative therapy and some if its sections, such as the mapping can be done whilst the work with the families are in progress, as was seen earlier in this chapter when the involvement of families in the process of mapping was highlighted. For families, the ability to track the rules that problems lay down and to understand how these rules control their lives is also important. This can help them to explore and trace the hidden stories themselves, as well as the work professionals are doing in their lives, and the impact this has had, making this an empowering and self-advocating way of working.

For me there are two central pillars from the idea of a Tamara. Depending on where you are in the Tamara and who you are, will determine what you see. Social workers need to be aware of as many as possible stories happening and not only focus on one singular story. Stories are also antenarrative because they live outside of the confounds of a beginning, middle or end. To understand stories, we need to look at the grand narratives being told and heard and micro-narratives struggling to be heard. Searching for them will help social workers to explore the whole story and take the context of the story, specifically issues of discrimination, into consideration. This may help to make therapy a more just approach, especially in the case of child protection. Doing this, we are able to work both from a critical social

perspective and to show what happened to the story, providing the accountability desired by managers.

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